



Nanci Brown, LCSW-C
Licensed Clinical Social Worker
Integrative Therapy of Greater Washington
5914 Hubbard Drive
Rockville, Maryland 20852
201-741-3894
nbrown@greaterwashingtontherapy.com
www.GreaterWashingtonTherapy.com

Client's Name: _____ Today's Date: _____

Street: _____ City: _____ State: _____

Zip: _____ Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email: _____

*Please indicate the best number to reach you at or best way to contact you _____

Can I leave a message identifying who I am? Yes No _____

Work Address: _____ Occupation: _____

Sex: *Male Female* Ethnicity: _____ Date of Birth: _____ Age: _____

Marital status (circle all that apply): *Single Engaged Living together Married Separated*
Divorced Widowed _____

Name of Spouse: _____ Spouse's Employer: _____

E-mail: _____ Referred by: _____

<u>Names of Children:</u>	<u>Age</u>	<u>Gender</u>	<u>Living w/ you?</u>	<u>Comments:</u>
_____	_____	<i>M F</i>	<i>Yes No</i>	_____
_____	_____	<i>M F</i>	<i>Yes No</i>	_____
_____	_____	<i>M F</i>	<i>Yes No</i>	_____

Briefly state your reason for seeking counseling at this time:

Have you or a family member ever been seen by a mental health professional before?
Yes No If yes, please indicate who, when and why:

Do you regularly practice relaxation techniques (e.g. meditation, yoga, Tai Chi)? Yes No
If yes, what and how often? _____
How often do you get 20 minutes or more of exercise? _____
Do you smoke? If so, how much each day? _____
How much alcohol do you usually drink? _____
Do you use "recreational" drugs? Yes No If yes, what and how often? _____

Who is your primary physician? Phone #:

Please list any troublesome or significant medical conditions you may have.

Please list your current medications (Prescription & Non-Prescription):

<u>Drug</u>	<u>Dose</u>	<u>Frequency</u>	<u>When Started</u>	<u>For what symptom(s)</u>	<u>Prescribing Doctor</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Who is in your social support network?

Who should be notified in case of emergency?

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell: _____