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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: _____

Gender: _____ Ethnicity: _____ Date of Birth: _____ Age: _____

Marital status: _____

Name of Partner: _____ Partner'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>
_____	_____	M F	Yes No	_____
_____	_____	M F	Yes No	_____
_____	_____	M F	Yes No	_____

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 #:

Who is your OB-GYN?

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 should be notified in case of emergency?		
Name: _____	Relationship: _____	
Home Phone: _____	Work Phone: _____	Cell: _____

Briefly describe your pregnancy and labor and delivery (including any complications or unexpected events).

Have you, or an immediate family member, ever suffered from depression? If so, when, and what did treatment entail?

Was this child planned? *Yes* *No*

Was conception assisted? *Yes* *No*

If yes, what interventions were used? _____

What social supports do you have right now? *Friends* *Family (in town)* *Family (out of town)*