



Adult Intake Form

Thank you for contacting Bethesda Psychiatry. We look forward to being in touch with you. Please take a moment to complete the following intake form. Fax the completed form to 240-559-0841 and myself or one of my staff members will be in touch with you shortly!

Name of patient:

Contact phone number:

Contact email address:

Home address:

1. Age and date of birth:

2. Please briefly (in a few sentences) describe the main concerns you have:

3. Do you have any previous psychiatric diagnoses? Yes No

If yes, please list them below:

- 1.
- 2.
- 3.

4. Do you struggle with any medical problems? Yes No

If yes, please list the conditions below:

- 1.
- 2.

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3.

4.

5. Do you have any history of psychiatric hospitalizations or emergency room visits for psychiatric reasons? Yes No

6. Do you have any history of self-injury such as superficial cutting?

Yes No

7. Do you have any history of suicide attempts or aggression?

Yes No

8. Do you have a history of substance use or abuse?

Yes No

9. Do you currently take any medications? Yes No

If yes, please list them below with dosages if possible.

1.

2.

3.

4.

10. Do you attend school or work regularly (if applicable)? Yes No

11. Please briefly outline your living situation and who currently lives in your home:

Thanks again for completing this form. We will be reaching out to you shortly!