



Child & Adolescent 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 child or adolescent:

Name of parent or legal guardian:

Contact phone number:

Contact email address:

Home address:

1. Age of child and date of birth:

2. Please briefly (in a few sentences) describe the main concerns with your child:

3. Does your son or daughter have any previous psychiatric diagnoses? Yes No
If yes, please list them below:

- 1.
- 2.
- 3.

4. Does your son or daughter struggle with any medical problems? Yes No

If yes, please list the conditions below:

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- 1.
- 2.
- 3.
- 4.

5. Does your son or daughter have any history of psychiatric hospitalizations or emergency room visits for psychiatric reasons? Yes No

6. Does your son or daughter have any history of self-injury such as superficial cutting?

Yes No

7. Does your son or daughter have any history of suicide attempts or aggression?

Yes No

8. Does your son or daughter have a history of substance use or abuse?

Yes No

9. Does your son or daughter currently take any medications? Yes No

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

- 1.
- 2.
- 3.
- 4.

10. Does your son or daughter attend school regularly? Yes No

11. Please briefly outline who lives in the home and describe the family structure:

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

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