

Center for Anxiety & Behavioral Change

414 Hungerford Drive, Suite 252 | Rockville, MD | 20850 | 301.610.7850

Jonathan Dalton, Ph.D., Dir. Renee DeBoard-Lucas, Ph.D. Lindsay Scharfstein, Ph.D. Rachel Singer, Ph.D.
Christina Brooks, Psy.D., Kristin Bianchi, Ph.D. Caitríona Hayes, Psy.D.

Today's Date _____

Child/Adolescent: _____ Birth Date: _____

Address: _____ Grade: _____

_____ School: _____

List addresses only if different from above: Please specify relationship to child/adolescent

Parent/Guardian: _____ Parent/Guardian: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

E-mail: _____ E-mail: _____

Occupation: _____ Occupation: _____

Parent/Guardian _____ Parent/Guardian _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

E-mail: _____ E-mail: _____

Occupation: _____ Occupation: _____

Referred by: _____

Has treatment been sought previously? Yes ___ No ___

Please give a brief description of the problem(s):

Is there access to firearms in the home? ___ Yes ___ No

Center for Anxiety & Behavioral Change

414 Hungerford Drive, Suite 252 | Rockville, MD | 20850 | 301.610.7850

Jonathan Dalton, Ph.D., Dir. Renee DeBoard-Lucas, Ph.D. Lindsay Scharfstein, Ph.D. Rachel Singer, Ph.D.
Christina Brooks, Psy.D., Kristin Bianchi, Ph.D. Caitríona Hayes, Psy.D.

Primary Care Physician Name: _____

PCP Address: _____

PCP Phone Number: _____

By initialing this box, I agree that my PCP may be contacted to be informed that I have started treatment at CABC: