James F. Huntington, Psy.D.
5530 Wisconsin Avenue, Suite 802
Chevy Chase, MD 20815
202-957-4661

Patient Information
Child / Adolescent

Name of Patient_____ Date of Birth_____ Age _____

School_____ Grade_____ Referred by_____

Name of Parent(s) _____

Home Address_____

Home Phone_____ Work Phone_____ Cell Phone_____

Email Address: _____

Parent Occupation_____ Employer _____

Parent Occupation_____ Employer _____

Names and Ages of Siblings (and schools they attend)

_____ _____

_____ _____

Statement of Concerns _____

_____

_____

Medical Conditions: _____

Pediatrician / Family Doctor _____

Emergency Contact (Name and Phone): _____

Will you be submitting for insurance reimbursement?_____