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

Patient Information
Family / Adult

Name of Patient_____ Date of Birth _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Home Address _____

Referred by _____

Employer _____

Education History:
Highest Grade or Degree_____ Year _____

Additional Training _____

_____

Married /Partnered _____ Children _____

Names and Ages
_____

Brief Statement of Your Concerns _____

_____

_____

Medical Conditions _____

Physician and Phone(s) _____

Emergency Contact (Name and Phone) _____

Will you be submitting for insurance reimbursement?_____