

**Edward Spector, Psy.D., LLC**  
110 North Washington Street, Ste. 204  
Rockville, MD 20850

**(202) 441-4834**

Today's Date \_\_\_\_\_

**Client** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Spouse/parents: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Referred by:  
\_\_\_\_\_

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

Has treatment been sought previously? Yes\_\_\_\_ No \_\_\_\_

If yes: when, by whom, with whom (agency of private practitioner), and for what reason.

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