

JANE PRELINGER LICSW

5028 WISCONSIN AVE. NW, STE. 400, WASHINGTON DC 20016

Name: _____

Date of Birth: ____ / ____ / ____

Address: _____

Work Phone: _____

Cell Phone: _____

Email Address _____

Emergency Contact: _____

Emergency Contact Phone: _____

Have you ever been in treatment before? ____ If so, when? _____

Do you know of any mental illness (i.e. depression, anxiety) in your family or origin? _____