



Debra Neumann, Ph.D.  
Psychologist

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New Client Information

Today's date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home telephone \_\_\_\_\_ Work telephone \_\_\_\_\_

Cell telephone \_\_\_\_\_ O.K. to call at work? \_\_\_\_\_

O.K. to call at home? \_\_\_\_\_ O.K. to call on cell? \_\_\_\_\_

Social Security Number \_\_\_\_\_ Marital or Partner Status \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Number years at current job \_\_\_\_\_ Prior occupation \_\_\_\_\_

Age \_\_\_\_\_ Birth date \_\_\_\_\_ Highest grade completed in school \_\_\_\_\_

Family physician \_\_\_\_\_ Date of last checkup \_\_\_\_\_

Medications \_\_\_\_\_ Previous psychotherapy? \_\_\_\_\_

When and with whom? \_\_\_\_\_

\_\_\_\_\_

Previous psychiatric hospitalizations? \_\_\_\_\_ When and where? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How were you referred? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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*Psychologist*

May I thank the person who referred you? \_\_\_\_\_

Children (names and ages) \_\_\_\_\_

\_\_\_\_\_

List family members that you live with and all others in your home

\_\_\_\_\_

Person to call in case of emergency \_\_\_\_\_ Telephone \_\_\_\_\_

Briefly describe your reasons for seeking help \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_