

Sandra Hawkins-Heitt, PsyD, PA

Clinical Psychologist

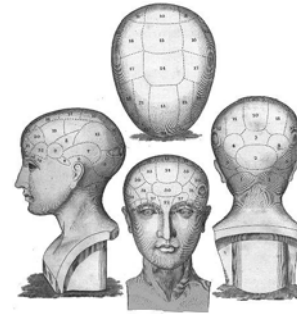
Executive Centre at Hooks Lane

8 Reservoir Circle, Suite 105

Baltimore, MD 21208

410-580-9047 410-580-9046fax

Sandra@Hawkins-Heitt.com



Adult Health Questionnaire

| | | | |
|---|-------------------------|-------------------------|---------------|
| Patient Name: | | Date of Birth: | |
| Physician's Name: | | Physician's Phone: | |
| Physician's Address: | | | |
| | | | |
| Family Members' Names | | Relationship | Date of Birth |
| | | | |
| | | | |
| | | | |
| Emergency Contact: | | | |
| Name: | | Relationship: | Phone: |
| | | | |
| Please complete this section if you have ever received any other therapy or special treatments (including psychological counseling, psychiatric treatment, speech therapy, occupational therapy, medication, special diets, etc). | | | |
| Type of Treatment | Date of Treatment | Treatment Provider Name | |
| | | | |
| | | | |
| | | | |
| | | | |
| Hospitalizations | Date of Hospitalization | Facility Name | |
| | | | |
| | | | |
| Allergies: | | | |
| | | | |
| Medical Conditions: | | | |
| | | | |
| Current Medications (and Dosage): | | | |
| | | | |
| Other Health Information: | | | |
| | | | |