DBT of TOWSON
Dialectical Behavior Therapy

CLIENT CONTACT SHEET

Name: _____ Date: _____
Address: _____
Home Phone: _____Cell Phone: _____
Email: _____

Date of Birth: _____ Gender: _____ SSN: _____

If Billing Insurance for **INTAKE ONLY**
Insurance Company: _____
Member #: _____ Group # (if applicable): _____

How did you hear about DBT of TOWSON?
____ Internet search/Website ____ Therapist referral (name: _____)
____ Psychiatrist referral (name: _____) ____ DBT of TOWSON client
____ Other, please list _____

Current Psychiatrist: _____ Phone: _____
List current medications

Medication	Dosage	Medication	Dosage

Current Therapist: _____ Phone: _____

Primary Physicians Name: _____
Last Exam Date: _____

OVER →

408 Allegheny Avenue
Towson, MD 21204

p: 410.583.2367 ◆ f: 410.321.4808
info@DBTofTOWSON.com

List any current physical or medical concerns

Additional Comments

408 Allegheny Avenue
Towson, MD 21204

p: 410.583.2367 ◆ f: 410.321.4808
info@DBTofTOWSON.com