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General Contact Form – Child/Adolescent

Child's/Adolescent's Name: _____ Date: _____

Age: _____ Date of Birth: _____ Sex: Male Female

School: _____ Grade: _____ Pediatrician: _____

Person Completing Form: _____ Relation to Child: _____

Who is primary contact parent? _____

Parent 1 Name: _____ Age: _____ Date of Birth: _____

Home Number: _____ ok to leave message? Yes No

Cell Number: _____ ok to leave message? Yes No

Email Address: _____ ok to e-mail message? Yes No

Address: _____

Social Security Number: _____

Occupation: _____ Work Schedule: _____

Parent 2 Name: _____ Age: _____ Date of Birth: _____

Home Number: _____ ok to leave message? Yes No

Cell Number: _____ ok to leave message? Yes No

Email Address: _____ ok to e-mail message? Yes No

Address: _____

Social Security Number: _____

Occupation: _____ Work Schedule: _____

Emergency contact:

Name: _____ Relationship to family: _____

Home: _____ work: _____ cell: _____

Parent's Marital Status: (circle) married, separated, divorced, remarried – explain custody situation _____

Referral:

Please describe the main reasons for which you are seeking assistance:

Has your child/teen been evaluated for developmental, behavioral, or learning problems? Yes No

If so, why, what kind, by whom, and what were you told about results: _____

Has your child/teen ever received psychiatric or psychological treatment? Yes No

If so, why, what type, with whom, and how long did the treatment last: _____

Has your child/teen received any medication for his/her behavior or emotional problems? Yes No

If so, why, what type of medication, what dose, for how long, and how effective was it: _____

Anything else Dr. Hartman should know in order to assist you? _____
