Patricia M. Sullivan, MD
10808 Hickory Ridge Road
Columbia, MD 21044

(410) 997-1475
Fax: (410) 997-1476

PERSONAL INFORMATION

Name: ______________________________

DOB: ______________________________

Address: ______________________________

____

Cell Phone: ______________________________

Home Phone: ______________________________

Email Address: ______________________________

Insurance Information: ______________________________

Insurance ID # ______________________________

Name of Pharmacy/Location: ______________________________

Dr. Sullivan has secure email communication through her patient portal. Would you like an invitation to the patient portal? Yes________ No ________

Do you give permission for Dr. Sullivan to respond to you through?

drsullivan@psullivanmd.com email account: Yes ______ No ______

By text message: Yes ______ No ______
(These options may not be secure!)

Patricia M. Sullivan, MD
10808 Hickory Ridge Road
Columbia, MD 21044

Name: ____________________________

Primary Care Physician and phone #: ________________________________

Medical Problems:
____ Height ______
____ Weight ______
____

Current Medications:
____
____
____

Medication Allergies:
____
____
____

Past Psychiatric Diagnosis:
____
____

Past Psychiatrist/Therapist:
____
____

Past Psychiatric Medications:
____
____
____

Psychiatric Hospitalizations:
____
____
____

Family Psychiatric & Addiction History:
____
____
____

Name: ______________________________

Education: ______________________________

Single _____ Married _____ Divorced _____ Widowed _____

Children: ______________________________

Employment: ______________________________

Please check if you are currently experiencing:

___ Anxiety
___ Panic Attacks
___ Intrusive Thoughts
___ Repetitive Behaviors
___ Depression
___ Crying
___ Guilt
___ Thoughts of Death
___ Self Harm
___ Decreased Motivation
___ Lack of Pleasure
___ Change in Energy
___ Decreased Concentration

___ Agitation
___ Anger
___ Mood Swings
___ Racing Thoughts
___ Impulsivity
___ Hallucinations
___ Paranoia
___ Eating Issues
___ Change in Activity Level
___ Change in Appetite
___ Change in Weight
___ Sleep Issues

Other ______________________________

Please check if you are currently experiencing any of these physical symptoms:

___ Fatigue
___ Chest pain
___ Irregular Heart Beat
___ Diarrhea
___ Constipation
___ Nausea
___ Vomiting
___ Reflux
___ Incontinence
___ Irregular Menses
___ Painful Menses
___ Sexual Problems

___ Blurred Vision
___ Dizziness
___ Vertigo
___ Joint Pain
___ Back Pain
___ Neck Pain
___ Headache
___ Weakness
___ Numbness
___ Falls
___ Tremors
___ Snoring

Other ______________________________

Alcohol Yes _____ No _____
Drugs Yes _____ No _____
Tobacco Yes _____ No _____
History of Abuse Yes _____ No _____

Patricia M. Sullivan, MD
10808 Hickory Ridge Road
Columbia, MD 21044

(410) 997-1475
Fax: (410) 997-1476

How did you learn of my practice?

____

Please let me know if you have any questions about HIPPA's Privacy Practices or confidentiality.

____

Missed Appointment Fee:

$75 - $125 depending on the length of your scheduled appointment.

Signature: ________________________________

Date: ____________________