Maryam Eskandari, M.D.

2252 Fillmore Street, Suite 304 — San Francisco, CA 94115 — tel. 415.255.2220

PATIENT REGISTRATION

Patient's Name:_____

Guardian (if patient is a minor):_____

Patient's SSN:_____ Date of Birth:_____

CONTACT INFORMATION:

Mobile:_____ May confidential messages be left at this number? [] Y [] N

Home:_____ May confidential messages be left at this number? [] Y [] N

Email:_____ Confidential? [] Y [] N

Address:_____ Confidential? [] Y [] N

City, State and Zip Code:_____

RELATIONSHIP STATUS:

[]Never Married []Married / Domestic Partner []Divorced []Separated []Widowed

EDUCATION & EMPLOYMENT STATUS:

Education:_____

Academic Interests:_____

[]Employed []Unemployed []Full-Time Student []Part-Time Student []Other

Employer/School:_____

Occupation:_____

EMERGENCY CONTACT:

Name:_____

Relationship:_____

Phone Number:_____

Maryam Eskandari, M.D.

2252 Fillmore Street, Suite 304 — San Francisco, CA 94115 — tel. 415.255.2220

CURRENT MEDICAL CARE & MENTAL HEALTH CARE:

Primary Care Doctor:_____Phone:_____

Other Doctor:_____Phone:_____

Other Doctor:_____Phone:_____

Psychotherapist (if applicable): _____Phone:_____

PAST MEDICAL HISTORY:

Medical Conditions:_____

_____

_____

_____

_____

Allergies to Medications (& Allergic Reaction): [] Y / [] N _____

_____

Current Medications:_____

_____

_____

_____

Prior Surgeries:_____

_____

PAST PSYCHIATRIC HISTORY:

Prior Diagnoses:_____

_____

Prior Psychotherapy (type, when, duration, why stopped?):_____

_____

_____

_____

Maryam Eskandari, M.D.
2252 Fillmore Street, Suite 304 — San Francisco, CA 94115 — tel. 415.255.2220

Prior Psychiatric Medications (and why stopped):_____

_____

_____

_____

Prior Psychiatric Hospitalizations (total #, dates and reasons for hospitalization):_____

_____

_____

Have you ever tried to harm or kill yourself? How many times has this happened? When was the most recent time?_____

_____

_____

_____

Have you ever experienced suicidal thoughts?_____

_____

_____

Have you ever engaged in self-injurious behavior (cutting, burning)?_____

_____

_____

Have you ever been in a physical fight that resulted in injury (for you or someone else)?_____

_____

_____

_____

SUBSTANCE USE:

How many cups of coffee do you drink daily?_____

Do you smoke cigarettes? Y / N. If yes, how much?_____

How many alcoholic drinks do you consume daily or weekly?_____ daily / weekly

Has anyone ever complained about your alcohol use?_____

Maryam Eskandari, M.D.

2252 Fillmore Street, Suite 304 — San Francisco, CA 94115 — tel. 415.255.2220

Do you use recreational drugs? Which? How often? Has anyone complained about your drug use?

Have you ever had problems in the past with substance use? Please explain:

FAMILY PSYCHIATRIC HISTORY:

Any family members with psychiatric / psychologic conditions?

Any family members with substance abuse problems?

Any family members who have attempted or completed suicide?

Medical Insurance:

How were you referred to Dr. Eskandari?

What concerns have brought you to seek therapy at this time?