



Howland Psychiatry/Psychotherapy
www.howland-assoc.com

MASS MoCA
87 Marshall St., Building 1, 3rd floor
North Adams, MA 01247
phone: (413)664-4600
Fax: (413)664-4660

Demographic Information

Date: _____

Name: _____ Gender: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Employer/Occupation: _____

School _____ Address: _____

Family Members

Name	Relationship	Age
_____	_____	_____
_____	_____	_____

Emergency Contact: _____ Phone: _____

Relationship to Patient: _____

Pharmacy Used: _____

Insurance Information on Policy Holder

Policy Holder Name: _____ Date of Birth: _____ Relationship: _____

Insurance Company: _____ Insurance ID: _____

Secondary Insurance: _____ Insurance ID: _____

Are you seeing another mental health provider now, if so, who: _____

John S. Howland, M.D. Shahrzad Yamini, M.D. Carol Vivori, N.P Morton Broch, Ph.D Ashley Benson, LICSW
Erica Forrest, MSW, LICSW Marie Wargo, Psy. D, LMHC, CADAC James Borowski, MEd, LMHC, CRC
Donna Rempell, LICSW David B. Dawson, LICSW Claire Cabiles, LICSW



Howland Psychiatry/Psychotherapy
www.howland-assoc.com

PHONE 413-664-4600
 FAX 413-664-4660

Medical History

Allergies (adverse reactions to medications/food, ect) _____

Date of last physical exam: _____

Findings from exam: _____

Current medications :(including prescribed dosages, dates of initial prescription, name of Doctor prescribing medication)

Medication	Date started	Date Ended	Dosage	Doctor
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Hospitalizations/ Surgeries: (Include dates, complications, adverse reactions and outcomes)

Any relevant medical conditions(diabetes, hypertension, head traumas, cardiac problems, cancer ect) _____

Past Psychiatric History (Mental Health and Chemical Dependency)

Hospitalizations:: _____

Prior outpatient therapy (include dates, practitioners, treatment, interventions, response, medications)

Family mental health or chemical dependency history: _____

Psychosocial Information

Support System: _____
 Work/School Life: _____
 Martial History: _____
 Legal History: _____
 Military History: _____