

**Lisa M. Bernstein, LCSW-C, M.S.**  
**MARYLAND LICENSE #10715**  
**TAX ID #20-5962592**  
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**CONTACT INFORMATION (Clients Under 18)**

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Parent Cell Number(s): \_\_\_\_\_

Parent Work Number(s): \_\_\_\_\_

Parent Email(s): \_\_\_\_\_

Person responsible for payment: \_\_\_\_\_

School/Grade: \_\_\_\_\_

Referred by: \_\_\_\_\_

Medication: \_\_\_\_\_

Neuropsychological Evaluation: Yes \_\_\_\_\_ Date: \_\_\_\_\_ No: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Primary reason for appointment: \_\_\_\_\_

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