Sylvia Foster, MD
170 West Street, Annapolis, MD 21401
443-775-9910

Initial Intake Form

Name:______________________________

Date of Birth:_______________________

Phone Number:_____________________

Email Address:______________________

Pharmacy:___________________________

Emergency Contact

Name:____

Phone Number:__________________________________

Relationship to Patient:___________________________

Marital Status

- ☐ **Married**
- ☐ **Single**
- ☐ **Divorced**
- ☐ **Significant Other**

Employment Status

- ☐ **Employed**
- ☐ **Retired**
- ☐ **Student**
- ☐ **Disability**

Psychiatric History

Medical History

Current Medications and Supplements

Allergies