Amy Huberman, MD
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Baltimore, MD 21209
443-761-4265
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CONTACT INFORMATION

Last Name:________________________________ First Name:__________________________
Middle Initial:________

Preferred pronouns:

______ She/her/hers

______ He/him/his

______ They/them/theirs

______ Other:____________________________

Date of Birth: ________ / ________ / ________

Home Address:____
City:________________________________ State:______________ Zip Code:_____________

Home Phone:_______________________ Work Phone:_____________________

Cell Phone:_____________________

E-mail:____

Please check if the following are acceptable for communication and confidential messages:

______ Home Phone

______ Work Phone

______ Cell Phone

______ E-mail

Emergency Contact:____
Relationship:______________________________
Emergency Contact Phone(s):____

Referral Source:____

Primary Care Physician:____
Primary Care Physician Phone:____________________ Last Visit:______________________

Psychiatrist:____
Psychiatrist Phone:____________________ Last Visit:______________________

Psychotherapist:____
Psychotherapist Phone:____________________ Last Visit:______________________

Insurance:____
Name of Insured:____
Policy Number:____

Employer:____
Position:____
Phone number:____
Address:____

Do you have Medicare? Yes / No

I understand that if I have Medicare and want to engage in treatment with Dr. Huberman, I will be expected to sign a private contract with Dr. Huberman, agreeing that I will not submit invoices to Medicare for reimbursement. This private contract can be found on the "Resources and Forms" page of Dr. Huberman's website.

____ ___________________
Patient Signature Date