Amy Huberman, MD
P.O. Box #15007
Pikesville, MD 21282
443-761-4265
www.amyhubermanmd.com

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:_______________________

If you are planning to submit your invoices for out-of-network reimbursement:
Insurance:____
Name of Insured:____
Policy Number:____

To be used only in the event of missed appointment or payment:
Credit card #____
Expiration Date_______________________ Security Code______________________________

Do you have Medicare? Yes / No

I understand that if I have Medicare and want to engage in treatment, I will be expected to sign a private contract 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