

Dr. Kara Goobic, Psy.D.

8720 Georgia Avenue, Suite 205, Silver Spring, MD 20910

Phone: (301) 562-8448 ext. 6 Fax: (301) 562-8449 Mobile: (240) 535-8540

Patient Information Form

This form can be emailed to drkaragoobic@gmail.com

Date of Initial Appointment: _____

Name of Patient: _____

Date of Birth: _____

Name of Parent _____

SSN: _____

(If client is less than 18 years of age)

Home Phone: _____

Permission to leave voicemail at this number

Yes No

Work Phone: _____

Yes No

Cell Phone: _____

Yes No

I, _____, give Dr. Kara Goobic, Psy.D. permission to communicate with me via email at the following email address in order to set or change appointments, or in response to phone calls or emails from me.

Email Address: _____

Signature: _____

Address: _____

City, State, Zip Code: _____

Emergency Contact: _____

Cell Phone: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Who referred you to Dr. Goobic? _____

Are you in treatment with a psychiatrist, psychologist, or psychotherapist? Yes No
If so, please provide names and phone numbers:

