



Adult Attention Deficit Disorder
Center of Maryland

David W. Goodman, M.D., *Director*
Valerie L. Goodman, LCSW-C
Dawn Daniel, office manager

Johns Hopkins at Green Spring Station
10751 Falls Road, Suite 306
Lutherville, Maryland 21093
410-583-2726 (Office)
410-583-2724 (Fax)
www.hopkinsmedicine.org/addadult

Patient Referral Form
Please fax the completed referral form to 410-583-2724, attn: Dawn Daniels.

PATIENT INFORMATION

Patient Name: _____

Patient DOB: ____/____/____ Age*: _____ Gender: M F

Street Address: _____

City: _____ State: _____ Zip Code: _____

Best phone number to reach patient: _____

Alternate phone number: _____

**If the patient is a minor (less than 18 years old), the following is requested:*

Legal guardian's name: _____

Legal guardian's address:

- Same (check box)
- Different (if Same check box is not marked, then:)

Address: _____

City: _____ State: _____ Zip Code: _____

Legal guardian's phone number: _____

Relationship to patient: _____



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PROVIDER INFORMATION

Name of referring provider: _____

Street Address of referring provider: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Reason For Referral

Billing Note

Treatment fees in full are the responsibility of the patient or assigned payor. Although we do not accept payments from insurance, we will provide necessary forms to your patient so that he/she may submit directly to their insurance for reimbursement.

Provider Signature: _____