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Patient Information

Name _____ DOB ____/____/____ M__ F__

Address _____ City _____ Zip _____

Home phone (____) _____

Mobile phone (____) _____ E-mail address _____

Emergency contacts and phone numbers _____

Physician/Primary Care Provider _____ Phone (____) _____

How do you prefer to be reached? _____

Second-Patient Information (for couple or family)

Name _____ DOB ____/____/____ M__ F__

(check here ____ if home address and phone information is the same as above)

Address _____ City _____ Zip _____

Home phone (____) _____

Mobile phone (____) _____ E-mail address _____

Emergency contacts and phone numbers _____

Physician/Primary Care Provider _____ Phone (____) _____

How do you prefer to be reached? _____