

Erin C. Milhem, Psy.D.
 Licensed Clinical Psychologist
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Adult Registration Form			
Name:	Date of Birth:		
Address 1:	Single or Married		
	Name of spouse:		
Email Address:			
Home Phone:			
Cell Phone:			
Student?	Where:	What year in school?	
Full time job?			
Part time job?			
Emergency Contact:		Emergency Contact Phone Number:	
Credit Card Information		Insurance Information	
Name On Card:		Provider:	
Card Number:		Policy Holder:	
CVC :		Policy Number:	
Billing Zip:		Group Number:	
Expiration Date:			
I authorize Dr. Milhem to charge my credit card for psychological services rendered. I understand that missed appointments, and late cancelations are billed at the full rate for the appointment and insurance will not reimburse these activities. I understand that Dr. Milhem will notify me in writing prior to charging my credit card.			
Card Holders Signature:		Date:	

Please list any diagnoses that you have been given:

Please list any interventions, services, or assessments that you are enrolled in or have previously engaged in:

List medications you have taken:

Medication	Dosage/Frequency	Reason	How Long?

Siblings Names	Age	Biological
		Y/N
		Y/N
		Y/N
		Y/N
		Y/N
		Y/N

**Do you or any of your family members have a history of any of the following conditions?
Please check all that apply:**

	Biological Mother	Biological Father	Maternal Family	Paternal Family	Siblings	Yourself
Challenges with focus						
Challenges with hyperactivity						
ADHD						
Autism Spectrum Disorder						
Social Awkwardness						
Depression						
Anxiety						
OCD						
Substance Abuse						
Bipolar Disorder						
Psychotic Episodes						
Schizophrenia						
Suicide Attempts						
Suicide Completion						
Hypo-thyroidism						
Hyper-thyroidism						
Learning Challenges						
Learning Disabilities						
Developmental Delays						
Genetic Conditions						
Cognitive Deficits						
Sensory Sensitivities						
Sensory Seeking						

Please briefly describe your concerns and your goals for our work together:

