

Mary Alice Mills, Ph.D.

Clinical Psychologist

1145 Reservoir Ave, Suite 302 Cranston, RI 02920

(401) 285-0408

www.maryalicemillsphd.com

Client Name _____ Today's Date _____

Birth Date _____ Sex _____ Marital Status _____

Client Address: Street/PO Box _____

City/Town _____ State _____ Zip Code _____

Phone (Please circle the number you prefer we use to reach you):

Home _____ Is it OK to leave a message at this number? Yes No

Cell _____ Is it OK to leave a message at this number? Yes No

Work _____ Is it OK to leave a message at this number? Yes No

Reminders: Would you like to receive appt reminders? Yes No

If yes: SMS text or call

Primary Care Physician _____ Phone _____

Emergency Contact _____ Phone _____

Who referred you? _____

Primary Insurance _____ Member ID Number _____

Insurance Subscriber Name _____ Employer _____

Birth Date _____ Relationship to Client: Self Spouse Parent Other

Insurance Subscriber's Address (if different from client)

Street/PO Box _____

City/Town _____ State _____ Zip Code _____

Secondary Insurance _____ Member ID Number _____

Insurance Subscriber Name _____ Employer _____

Birth Date _____ Relationship to Client: Self Spouse Parent Other

Insurance Subscriber's Address (if different from client)

Street/PO Box _____

City/Town _____ State _____ Zip Code _____

Insurance Authorization: I authorize the release of any health or other information necessary to process claims. I authorize and request payment of benefits either to myself or to Mary Alice Mills, Ph.D. for services provided.

CLIENT SIGNATURE: _____ DATE: _____