



# Keith A Erickson, PhD

CLINICAL PSYCHOLOGY

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Today's Date \_\_\_\_\_

Your name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home street address: \_\_\_\_\_

Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Communication:

I am available by phone, text or email and try to respond in a timely manner.

Mobile phone: \_(\_\_\_\_\_)\_\_\_\_\_

OK to leave Voice Mail ?    Yes    No

OK to Txt?                      Yes    No

Other phone: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_

How do you prefer to be contacted?

Sign below if you have received a copy of the Office Policy and Procedures. Please read them and raise any concerns.

Signature: \_\_\_\_\_