

Registration Paperwork

Please complete (print, fill it out, take a picture or scan it) and email the *Registration Information* form back to our Clinical Assistant, Allie (allie@dbteensnh.org).

Registration Information

Welcome to DBTweens. We are excited to get started working with you. In order for our team to provide you with the best possible service, we need you to complete the enclosed paperwork. If you have any questions while filling it out, please don't hesitate to reach out to us for clarity. You can contact us by phone (603-285-9129) or email allie@dbteensnh.org.

CLIENT REGISTRATION INFORMATION

Full Name

First

Middle Initial

Last

Preferred Name

Age

Date of Birth

Client Assigned Sex for Insurance/Billing

Address

Street

State

Zip

School Name

School Counselor Name

Phone

email

Outpatient Therapist Name

Phone

email

Psychopharmacologist Name

Phone

email

Primary Physician Name

Phone

email

Other Mental Health Provider/Caseworker Name

Phone

email

Parent/Guardian's Name Relationship
Primary Phone Secondary Phone
Email

Parent/Guardian's Name Relationship
Primary Phone Secondary Phone
Email

Emergency Contact Name Relationship
Primary Phone Secondary Phone
Email

Who has legal custody of the child (if under 18 yo)?

Who does the client currently live with?

If client's legal guardians are adults other than the parents we will need documentation of guardianship. If parents are divorced and the parent enrolling their child in this program has sole custody we will need documentation of this fact. If custody is "joint legal" we will need permission from both parents in order for the youth to participate in services. Please attach appropriate documentation. Documentation needed? Yes No

INSURANCE INFO

Insurance Plan Name

ID#

Group # (if available)

Copay (if known)

Family member who carries insurance

Name

DOB

Place of Employment

Please attach a photo of the front and back of insurance card.