

## Registration Paperwork

Please complete (print, fill it out, take a picture or scan it) and email the *Registration Information* and *New Client Questionnaire* forms back to our Clinical Assistant, Allie ([allie@dbteensnh.org](mailto:allie@dbteensnh.org)).

## REGISTRATION INFORMATION

Welcome to DBTventies. 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@dbtventiesnh.org](mailto:allie@dbtventiesnh.org).

### CLIENT REGISTRATION INFORMATION

Full Name \_\_\_\_\_  
First Middle Initial Last

Preferred Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_ Client Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street State Zip

Client email \_\_\_\_\_

Do you have a Driver's License?

Outpatient Therapist Name \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

Psychopharmacologist Name \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

Primary Physician Name \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

Other Mental Health Provider/Caseworker Name \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

Who do you currently live with? \_\_\_\_\_

continued...

## 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 and return with paperwork.

## New Client Questionnaire

(Please return this to allie@dbteensnh.org)

Hi!

We are asking a few questions so that we can get a better sense of what you are looking for from a program.

Name:

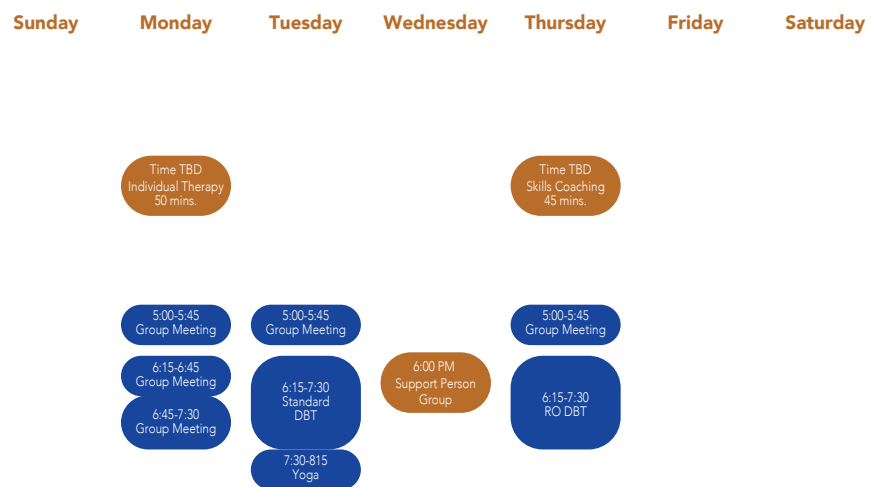
Age:

Where do you go to school/work:

How did you hear about DBTventies:

We are a 12 week telehealth program. Participants meet three hours/day Monday, Tuesday and Thursday. Each week you will have one 45 minute skills coaching session and one 45 min individual therapy session. You must keep your camera on during all sessions and complete a diary card online every day. There is a support person group (optional) each week.

*Sample Schedule:*



Do you understand the schedule of our program?    Yes    No    Sort of

## New Client Questionnaire (contd)

Do you have any questions about the schedule?

Do you do have any commitments that conflict with this schedule?

What are you hoping to get out of your time at DBTventies?

What do you think will be hard for you about participating in an online DBT program?

Clients who come to DBTventies are usually trying to improve emotion regulation, decrease self harming or risky behaviors, and/or improve communication about their emotions with others.

Would learning skills to help with these things help you?    Yes    No    Not Sure

Comments:

Thank you for sharing this information. We will be in touch soon!