

## 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 DBTeens. 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](mailto:allie@dbteensnh.org).

### CLIENT REGISTRATION INFORMATION

Full Name

First

Middle Initial

Last

Preferred Name

Age

Date of Birth

Client Assigned Sex for Insurance/Billing

Client Phone

Address

Street

State

Zip

Client email

School Name

Grade

IEP/504

Yes

No

If yes please list accommodations:

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.**

## 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:

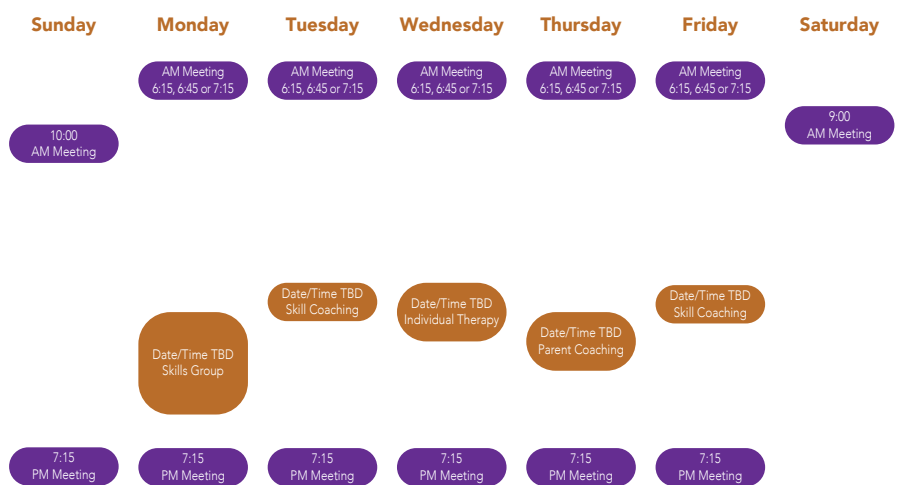
Age:

Where do you go to school/work:

How did you hear about DBTeens:

We are a 12 week telehealth program. Participants meet each day Monday-Friday in the morning for 15 minute group meetings and in the evening for 30 minute group meetings. On weekends we meet for 30 minutes in the morning and on Sun for 30 minutes at night. There is no meeting Saturday night. In the afternoons/evenings, each week you will also have a 75 minute skills class, two 20 min skills coaching sessions and one 45 min individual therapy session. You must keep your camera on during all sessions and complete a diary card online every day.

*Sample Schedule: Other than AM and PM Meetings days and times are To Be Determined.*



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

continued...

## New Client Questionnaire (contd.)

Do you have any questions about the schedule?

Do you do anything in the afternoon or on the weekend that conflicts with this schedule?

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

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

Each teen has one or two support people who attend the skills class with them and also participate in their own support person coaching. This person(s) will attend, classes and coaching, so that they will be able to be a better support for you. Usually this coach is a parent or both parents.

Is there a parent or adult you would like to be in this program with you?    Yes    No

Name of Adult if Yes:

Teens who come to DBTeens 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!