

Registration Paperwork

Please complete the following *Registration Information* and *New Client Questionnaire* forms. After filling out all required fields and signatures and you click on "Finish" the forms will be submitted to our team. If you don't click on "Finish" we will not receive the forms.



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.

CLIENT REGISTRATION INFORMATION

Full Name	First	Middle Initial	Last
Preferred Na	me	Age	Date of Birth
Gender	Client Phone		
Address	Street		State Zip
Client email			
School Name	е		Grade
IEP/504 If yes please	Yes No list accommodations:		
School Coun	selor Name		
	Phone	email	
Outpatient T	herapist Name		
	Phone	email	

Psychopharmacologist Na	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					
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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!

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VVe are asking a tew (questions so that we car	n det a hetter sense	ot what you are	looking for from a	nrogram
VVC are asking a revv	questions so that we can	i get a better serise	or writer you are	, looking for horn t	a program.

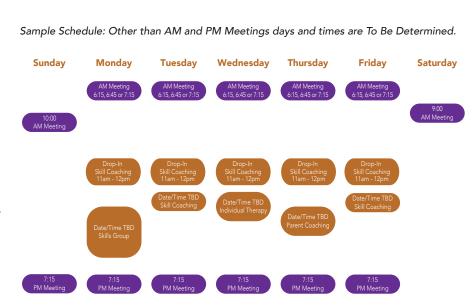
Name:

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.

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 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 NH?
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!