Annapolis Valley Psychological Services Inc.

ADULT REGISTRATION FORM FOR INDIVIDUAL PSYCHOLOGICAL SERVICES

Today's Date (month/day/year): _____

Preferred Pronoun: _____

Full Name: _____

Mailing Address: _____

_____

Email Address: _____

Date of Birth (month/day/year): _____

Occupation: _____ **Home Phone#:** _____

Employer: _____ **Cell Phone#:** _____

Marital Status: _____

Spouse/Partner's Name (& Age): _____

Spouse/Partner's Occupation: _____

Children (Names & Ages) _____

_____

Physician Name: _____

Address: _____

Phone Number: _____

Emergency Contact Name: _____

57 Webster Street, Suite 208, Kentville, N.S. B4N 1H6 | Phone (902) 690-7281
Fax (902) 678-7955 | Email: avps7281@gmail.com | Website: www.avps.ca

Emergency Contact Number: _____

Prior Psychological or Psychiatric Services (Clinicians Names & Dates):

_____

_____

_____

Current Psychological Services will be paid for by (please check one):

_____ Myself

_____ Other (please specify): _____

Insurance Specifics: Annual Limit Amount $_____ Percent Covered _____

Session Limit Amount $_____ Renewal Date _____

Direct Billable or Reimbursed? (please circle one) _____

Dr. Note Required? _____

Referral Source (please check all that apply):

_____ Self

_____ Family/Friend/Coworker/Acquaintance

_____ Family Physician

_____ Association of Psychologists of NS (APNS Website)

_____ AVPS Inc. Psychology Website

_____ Internet Search or Advertisement (google, yahoo, etc.)

_____ Other (please specify): _____