



## REGISTRATION FOR INDIVIDUAL PSYCHOLOGICAL SERVICES

Today's Date: \_\_\_\_\_

Preferred Pronoun: \_\_\_\_\_

Full Name: \_\_\_\_\_

Mail Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Email: \_\_\_\_\_

**Please \* preferred phone number**

Marital Status: \_\_\_\_\_

Spouse/Partner's Name (& Age): \_\_\_\_\_

Spouse/Partner's Occupation: \_\_\_\_\_

Children (Names & Ages) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

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

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

Myself

Other (please specify): \_\_\_\_\_

Coverage Specifics: Limit Amount \$ \_\_\_\_\_ Percent Covered \_\_\_\_\_ Renewal Date \_\_\_\_\_

Direct Billable or Reimbursed? \_\_\_\_\_ Dr. Note Required? \_\_\_\_\_

Referral Source (please check all that apply):

Self

Internet Search (google, yahoo, etc.)

Family/Friend/Acquaintance

Association of Psychologists of NS (APNS Website)

Family Physician

My Psychology Website

Internet Advertisement

Other (please specify): \_\_\_\_\_