

The MINDset Center
Christle Henzel, LCPC
New Patient Registration Form
Adult Clients

Name of Client: _____

Nickname? _____

Dr. Hessler is not a direct participant with insurance companies. However some insurance providers do give “out of network” benefits. Please fill out the box below so that any required treatment plans can be completed on your behalf.

Address:			
Street:	City	State	Zip
Phone: (H)	Ok to Leave Message?	YES	NO
(C)	Ok to Leave Message?	YES	NO
(Other)	Ok to Leave Message?	YES	NO
School if applicable:		School Phone	
Employer		Grade	
Date of Birth:	SSN:	Gender	(circle) M F
Insurance Provider		Insurance Holder:	
Insurance Policy Number		Group Number:	
Primary Care Physician:		Phone:	
Physician Address:		Referral Made By Physician? Y/ N	

School level completed _____

Occupation _____

Marital Status:

Married Separated Divorced Widowed Single

How long married? _____ How long divorced? _____ Child's age at divorce _____

Family History of Medical/Psychological Issues (Please Check)

Condition	Mother	Father	Sister(s)	Brother(s)	Others
ADHD					
Anxiety					
Depression					
Behavior Problems					
Learning Disabilities					
Drugs/Alcohol					
Psychiatric Hospitalizations					

Emergency Contact Information:

Name: _____
 Relationship to you: _____
 Phone Number: _____

Who referred you to the MINDset Center? _____

May she thank this person for the referral? YES NO

NAME OF PERSON COMPLETING THIS FORM:

_____ DATE: _____

**THANK YOU FOR COMPLETING THIS FORM. KINDLY BRING THIS FORM
 AND ALL OTHER DOCUMENTS YOU MAY THINK ARE NECESSARY TO
 YOUR FIRST APPOINTMENT WITH MS. HENZEL**