

The MINDset Center
Shreya Patel Hessler, Psy.D., LLC
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 _____

What are your primary concerns?

Previous Evaluations (Psychiatric, Psychological, Therapy, Speech, Occupational or Otherwise):

Name of Provider	Type of Treatment	Dates of Services	Contact Information

Medical Issues

Hospitalizations _____

Chronic Medical Conditions (i.e. asthma, ear infections) _____

Allergies _____

Current Medical Concerns _____

Are you taking any medications CURRENTLY? YES NO

If yes, please list:

Name of Medication	Dosage

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 Dr. Hessler? _____

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 DR. HESSLER.