The MINDset Center

Gina W. Basey, Psy.D.

New Patient Registration Form

Adult Clients

Name of Client:_____

Nickname?_____

Dr. Basey 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. Basey? _____

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. BASEY.