

EXETER PSYCHOLOGICAL ASSOCIATES, INC.

Cornerstone Commons
370 Portsmouth Ave.—Suite 7
Greenland, NH 03840
Deborah Hamilton, DED, LICSW
Tel. (603) 692-4060
Fax (603) 372-0804

19 Hampton Road, A2
Exeter, NH 03833
Barbara Beardsley, LCMHC, MLADC, CCFC
Tel. (603) 674-5331
FAX (603) 772-0477

Patient Registration

Date: _____

Patient Name: _____ Date of Birth: _____ SS#: _____

Patient Address: _____

Telephone: (Home) _____ (Cell) _____ (Work) _____
(*please indicate preferred contact number)

If patient is a minor, names of parents/guardian: _____

Address(es) of parents/guardian: _____

Employed: Yes/No Name of Employer: _____

Student: Yes/No Name of School: _____

Marital Status: Single/Married/Divorced/Widow/Partner/Other

Physician Name: _____ Telephone _____ FAX _____

Emergency Contact: _____ Telephone _____

Relationship to Patient: _____

Primary Insurance Information

Name of Insurance Plan: _____ Phone # (listed on back of card): _____

Certificate/ID No.: _____ Group Number: _____

Subscriber/Policyholder Name: _____ Relationship to patient _____

Subscriber's Soc. Sec. #: _____ Subscriber's DOB: _____

Subscriber's Employer: _____ Telephone #: _____

Secondary Insurance Information

Name of Insurance Plan: _____ Phone # (listed on back of card): _____

Certificate/ID No.: _____ Group Number: _____

Subscriber/Policyholder Name: _____ Relationship to patient _____

If patient is a minor, the *Permission to Treat* form must be completed.

All patients must complete the following forms:

Financial Responsibility/Mental Health Bill of Rights

Insurance Information Action Items

All patients must read the *Exeter Psychological Associates Privacy Notice*

Signature of Patient/Parent/Guardian

Print Name

Date