



# River Counseling Patient Registration Form

Reset Form

**INSTRUCTIONS:** *Download this PDF to your computer. Open in Acrobat or Acrobat Reader. Fill out form. Save form. Email form.*

### Therapist:

Karen Shinnars, PsyD

Jennifer Wagner, MSSA, LSW

Jessica Archer, MSSA, LISW

Maria Owens, LISW

### Patient Demographic Information

Patient Name:\*

Date of Birth:\*

Street Address:\*

Gender:\*

City, State, Zip Code:\*

Marital Status:\*

Email Address:\*

Primary Physician:\*

Primary Phone Number:\*

Psychiatrist (if any):

Additional Phone Number:

Emergency Contact Person:\*

Additional Phone Number:

Emergency Contact Phone Number:\*

How did you hear about us?

### Responsible Party (Responsible Party is the person who will be paying the per-session fee for services.)

Same as Above

Different than Above

Responsible Party Name:\*

Primary Phone Number:\*

Street Address:\*

Additional Phone Number:

City, State, Zip Code:\*

Additional Phone Number:

Relationship to Patient:\*

### Insurance Information

Name of Primary Insurance:

Secondary Insurance:

Policy Holder Name:

Policy Holder Name:

Policy Holder Date of Birth:

Policy Holder Date of Birth:

Policy Identification Number:

Policy Identification Number:

Policy Group Number:

Policy Group Number:

Employment (please list individually):\*

Employment (please list individually):\*

### Professional Fees

Initial Assessment: \$180 • Counseling Session: \$180 – \$200 • ADHD TOVA Test and Report Writing: \$200\*

\* The TOVA test and ADHD report writing is not covered by insurance

Signature:

Date:

*Save this document to your computer and email to [kshinnars@riverscounseling.com](mailto:kshinnars@riverscounseling.com)*