



New Patient Registration

Patient Information:

Date: _____

Note: Please spell name exactly as spelled on your insurance card

Full Legal Name: _____ Preferred Name: _____ DOB: _____

Gender: _____ Identifies As: _____ Marital Status: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____ Interpreter Needed: _____

Preferred Location: ☐ Ammon ☐ Idaho Falls ☐ Pocatello ☐ Rexburg **Military or First Responder Status:** _____

Insurance Information

Primary Insurance: _____

Insurance Policy Number: _____ Insurance Group Number: _____

Policy Holder: _____ Relationship to Patient: _____

DOB: _____ SSN: _____ Policy Holder's Address: _____

Secondary Insurance: _____

Insurance Policy Number: _____ Insurance Group Number: _____

Policy Holder: _____ Relationship to Patient: _____

DOB: _____ SSN: _____ Policy Holder's Address: _____

Services Requested: **Please check all services that the patient is interested in**

- ☐ **Case Management** – Helps individuals with mental health needs access community services and supports for independent living. (Medicaid only)
- ☐ **Community-Based Rehabilitation Services (CBRS)** – Teaches daily living and coping skills to help individuals function independently at home and in the community. (Medicaid only)
- ☐ **Counseling** – Short-term therapy to help individuals manage life challenges and personal growth.
- ☐ **EMDR Therapy** – A specialized therapy that helps reduce stress and trauma symptoms.
- ☐ **Family Support** – Provides guidance from experienced caregivers to help families strengthen and support their children's emotional needs.
- ☐ **Medication-Assisted Treatment (MAT)** – Combines medication and therapy to treat substance use disorders and support recovery.
- ☐ **Neurofeedback Therapy** – Uses brainwave monitoring to help improve focus, mood, and overall well-being.
- ☐ **Neuropsychological/Psychological Testing** – Evaluates memory, personality, and thinking skills to support diagnosis and treatment planning.
- ☐ **Psychiatric Medicine** – Provides medical evaluation and medication management for mental health conditions.
- ☐ **Respite Care** – Offers short-term relief for families caring for a child with serious emotional or behavioral needs.
- ☐ **Spravato (Esketamine) Therapy** – In-clinic nasal spray treatment for depression that hasn't improved with other medications.
- ☐ **Skills Training and Development (STAD)** – Group sessions that build social, coping, and daily living skills.
- ☐ **Substance Abuse Program** – Outpatient treatment that includes group and individual therapy with medication management.
- ☐ **Transcranial Magnetic Stimulation (TMS)** – A non-medication treatment for depression using gentle magnetic stimulation.
- ☐ **YES Case Management** – Coordinates individualized service plans for youth enrolled in the YES program.
- ☐ **Therapy Groups -**
 - ☐ Depression/Anxiety Group
 - ☐ Grief and Loss Group
 - ☐ Women's Retirement Group
 - ☐ Substance Abuse Group
 - ☐ Adult Connection Group
 - ☐ LGBTQ+ Group
 - ☐ Parenting Group

Requested Provider: _____ **Referred by:** _____