



*Behavioral Health Resiliency PLLC
22 Greeley Street #8B
Merrimack NH 03054
603-484-0035 - Phone
603-825-5620 - HIPAA-compliant Fax*

Thank you for your interest in establishing care with Behavioral Health Resiliency PLLC.

To begin the process, please complete the attached symptom inventory and provide basic demographic information. Email this form to newclients@behavioralhealthresiliency.com This will help us create a client profile in our system.

Once we receive your profile information, we will build a chart for you and send an invitation to complete your patient portal online.

The patient portal has two areas for completion: PROFILE and FORMS. Both are located on the upper right-hand side of the portal. There is a welcome letter at the beginning to walk you through the completion of the portal.

After you've finished the patient portal, we'll contact you to schedule an initial evaluation.

Please note: The invitation will be sent to the email address you provided and will come from noreply@patientonlineportal.com.

Important: If you don't receive the invitation within a few days, please check your spam or junk folder.

We look forward to working with you.

Sincerely,

Behavioral Health Resiliency PLLC

Patient First Name: _____ Patient Last Name: _____

Patient Date of Birth: _____

Name of Person completing form (if other than patient): _____

Date Completed: _____

Primary Care Physician: _____ Physician Phone: _____

Recorded Gender for Health Insurance: _____

Phone Number: _____

Physical Address: _____ City: _____ State: _____

Zip Code: _____



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Email address: _____

Insurance Carrier: _____

Subscriber Name: _____ Subscriber Date of Birth: _____

Subscriber Address: _____ City: _____ State: _____ Zip Code: _____

Subscriber Employer: _____

Current Medications:

Medication name	Total Daily Dose	Estimated Start Date

Current Symptoms Checklist (please check all appropriate columns)

	Mild	Moderate	Severe		Mild	Moderate	Severe
Aggression				Judgement Errors			
Abandonment				Loneliness			
Anger				Mood Swings			
Compulsions				Lost of interest in activity			
Agitation				Memory impairment			
Appetite change				Obsessions			
Change in libido				Oppositional Behavior			
Crying/tearful				Panic Attacks			
Fatigue				Paranoid behavior			
Grief				Phobias/Fears			



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	Mild	Moderate	Severe		Mild	Moderate	Severe
Guilt				Physical trauma perpetrator			
Gambling				Physical trauma victim			
Hallucinations				Poor concentration			
Hearing voices				Poor grooming			
Heart palpitations				Racing thoughts			
Hopelessness				Recurring thoughts			
Hyperactivity				Self-mutilation			
Impulsivity				Sexual addiction			
Irritability				Sexual difficulties			
Cyber addiction				Sexual addiction			
Delusions				Sexual difficulties			
Depression				Sexual trauma perpetrator			
Disorientation				Sexual trauma victim			
Difficulty getting out of bed				Sleep problems			
Difficulty making decisions				Speech problems			
Distractibility				Social isolation			
Excessive energy				Substance Use			
Eating disorder				Suicidal Thoughts			
Elevated mood				Worried			
Emotional trauma victim							
Emotional trauma perpetrator				Worthlessness			