Will Davidson, LMHC Counseling Services

9 Cedar St., Worcester, MA 01609
P: 508-963-0805 F: 774-823-3591

Client's Name _____ ☐ Male ☐ Female Age _____ DOB _____

Parent or Guardian Name _____

Street Address _____ City _____ State ____ Zip ____

Cell _____ Home _____ Work _____

Email Address

Chief complaint

INSURANCE INFORMATION

Insurance Company _____ Policy Number _____

Co-Payment / Coinsurance _____ Deductible _____

Primary Ins. Holders Name _____ Date of Birth _____

Please list any other health insurance that you have

Mass Health ID # (Required for individuals with Mass Health under the age of 21)

How did you find me?

☐ Primary care Physician Name _____

☐ Psychiatrist Name _____

☐ Clinic / Counselor Name _____

☐ Psychology Today

☐ Friend

☐ CBT-Counseling Website

☐ Internet Search Engine

☐ Other