

Will Davidson, LMHC Counseling Services

68 Pleasant St, Ludlow, MA 01056
P: 508-963-0805 F: 413-610-0688

Client's Name _____ Gender _____ Age _____ DOB _____

Street Address _____ Apt _____ City _____ Zip _____

Cell _____ Other Phone _____

Email Address _____

If less than 18 years old, Parent or guardian name _____

If you are currently in a relationship, name of partner _____

Are you currently employed? _____ If yes, occupation _____

Highest level of education completed _____ Vocational training _____

INSURANCE INFORMATION

Primary Insurance _____ I.D. Number _____

Insured's Name _____ Insured's Date of Birth _____

Copay amount _____ Amount left on deductible _____ Coinsurance percentage _____

Important: if you are covered by another insurance plan, please list it here _____

In order of importance, what are the things you think we should work on?

1. _____

2. _____

3. _____

4. _____