

The Canine CureSM**William Benson, LMFT, LPCC**
License MFC 37686, LPCC5741041 N. Formosa Avenue
Formosa Building, Room 9
W. Hollywood, CA 90046
www.thecaninecure.com
(310) 849-9399**Client name:**

Today's Date:

Social Security #

Driver's license #

State issued:

Cell phone:

Work phone:

DOB:

Email: I would like to receive The Mental Gym's Monthly newsletter tips for staying emotionally healthy.

Home address:

Employer name / Work address:

Personal physician:

Physician's phone:

 I consent to allow the coordination of care between William Benson and the above physician.

Initial: _____

Referred by:

PPO insurance company:

*William Benson does not participate in HMO insurance plans.

Your insurance ID #

Is insurer based out of state?

Insurance's phone #

What state?

If you have a significant other, do you have secondary coverage with their insurance plan?

If so, Plan specifics:

Are you currently taking medication(s)? If yes, what medication(s)?

Have you been in counseling before?

Individual

Couples

Group

Clinician's name:

Date range:

Person to contact in case of emergency:

Phone:

The above is true and correct to the best of my knowledge:

Client signature

Date