Danielle DeTora, Psy.D
76 Bedford St., Suite 25, Lexington, MA 02420
Tel. 781-862-6772
Website: drdanielledetora.com

Client Registration Form

Date: _____Referred by: _____

Client Name:_____Date of Birth: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Emergency Contact: _____

Phone Number(s) for emergency contact: _____

Primary Care Physician & Phone Number:

_____

Reason for seeking therapy:

_____

_____

_____

_____

Billing Information (only if insured by Blue Cross Blue Shield)

Name of Subscriber: _____

Relationship to client: _____

Policy #: _____

Subscriber's Date of Birth:

_____

(Please present your insurance card for photocopying)