Alegre Counseling and Consulting Services, LLC
Julio L. Benezra, M.S.Ed., LPC, CCTP Shelly M.S. Benezra, M.S.Ed., LPC, CCTP
4425 East Agave Road, Building 4, Suite 116, Phoenix, AZ 85044
Office Phone: 480-759-1641 Fax: 480-656-0011

CLIENT PERSONAL HEALTH INFORMATION

Today's date:______________________ Who referred you to me?____

Social Security #: ________________________________ Date of Birth: _____________________ Age:________________

Name: ____

Address: ____

City:____________________________________ State: ____________________Zip Code: _________________________

Home phone: _________________________________ Work phone: ____

Cellular phone: _________________________________ Email: ____

What number may I call to leave you an appointment reminder text?____

Are you? Single Married Living Together Divorced Widowed Separated Other? _____________________

Name of current partner/spouse: ____

Names and ages of children: ____

____

Please provide an emergency contact person:

Name:____Relationship to you: _______________________

Address: ____

City:____ State: ______________Zip Code: ________________________

Home phone: _________________________________ Work phone: ____

Cellular phone: _________________________________ Email: ____

Are you under the care of a doctor, psychiatrist, or another mental health provider?

Name:____________________________ Phone number:____________________Diagnosis: _______________________

Name:____________________________ Phone number:____________________Diagnosis: _______________________

Insurance information:

Who is the primary insurance member? Me My parent My partner/spouse

Insurance carrier: ______________________________________ Pre-authorization code: __________________________

If other than you, please provide information about the member:

Name of primary insurance member: ____

Employer:____ Occupation:_________________________________

Social Security #: ________________________________ Date of Birth: _____________________ Age:________________

Address: ____

City:______________________________ State: ______________Zip Code: ___________________________________

Home phone: ___________________________ Work phone: ____

Cellular phone: ___________________________ Email: ____