

Dr. William Cloke

12011 San Vicente Blvd., Suite 225
Los Angeles, CA 90049

I am seeking psychological services from Dr. Bill Cloke.

First Name	Last	Birth Date	Occupation
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Street Address

City	State	Zip Code Home
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Phone	Work Phone
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Wife/Husband/Partner	Children/Names	Marital Status
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Referred by	Email
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Employer	Social Security Number (For Insurance)
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I agree to be responsible for psychotherapy fee at the time of service. I agree that health insurance is my responsibility and is not a fee for service. **I agree to give 24 hours' notice for cancellations and accept that I may be charged if I do not give adequate notice.** I accept that all communications are private and confidential and my rights to confidential information.

Signature

Date