## 1038 Oakhaven Rd Memphis, TN 38119

## Allan Katz, LPC-MHSP CSAT

901-248-6001

8829 Centre St Southaven MS 38671

$D\Delta$	TF			

## **IDENTIFYING INFORMATION**

Name:				DOB:	Age:				
Address:									
City:	Sta	ate:	_ Zip:	Email					
Phone: (w)	(c)		SSN: _						
Employer:				Position:					
Spouses Name	<b>)</b>			DOB:	Age:				
Address (if diffe	rent from abov	/e)							
City:	State:	Zip	Ema	ail:					
Phone: (w)	(c)		SSN: _						
Employer:	mployer: Position:								
Insurance Com	pany	Wh	ose name	is the insurance	in?				
Relationship Sta	atus: (check or	ne)	Single _	MarriedCiv	vil Union				
Dome	stic Partner _	Divorc	edS	eparatedOth	ner				
Current MD:									
Current Therapi	ist:								
PRESENTING PROBLEMS AND SYMPTOMS:									
Where would y	ou like to rec	eive app	ointment	reminders? (Ch	eck One)				
Via a text m	essage on my	cell phor	ne (normal	text message rat	tes will apply)				
Via an email message to the address listed above									
Clients Signatu	ure								