

1038 Oakhaven St
Memphis, TN 38119

Allan Katz, LPC-MHSP CSAT

8829 Centre St
Southaven MS 38671

901-248-6001

DATE _____

IDENTIFYING INFORMATION

Name: _____ DOB: _____ Age: _____

Address: _____ City _____ ST _____ Zip _____

Phone: (h) _____ (w) _____ (c) _____ SSN: _____

Employer: _____ Position: _____

Family Contact: _____ Relationship _____ Phone _____

Relationship Status: ___ Single ___ Married ___ Divorced ___ Separated Other _____

Current MD: _____ Current Therapist _____

Sobriety Date _____

Email: _____

PRESENTING PROBLEMS AND SYMPTOMS:

How would you like to receive appointment reminders? (Check One)

Via a text message on my cell phone (normal text message rates will apply)

Via an email message to the address listed above

Insurance information

Please present card to have a copy made. Are you the primary card holder? Yes No

If the answer is no answer the following questions.

Name of Primary card holder _____ DOB _____

Address _____ City _____ St _____ Zip _____

Clients Signature _____ Date _____

Guardian's signature if under 18 _____ Date _____