

# CLIENT INFORMATION

## KATHY WAGNER COUNSELING SERVICES, LLC

111 Petrol Point Drive, Suite 102  
Peachtree City, GA 30269

Name \_\_\_\_\_ SS# \_\_\_\_\_  
(Print name)

Address \_\_\_\_\_ DOB \_\_\_\_\_  
\_\_\_\_\_ SEX: M \_\_\_\_ F \_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Responsible Party \_\_\_\_\_ Phone # \_\_\_\_\_  
(Print name)

Will you be using insurance? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, please complete "Insurance Billing Consent" form)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date