

WMH PROFESSIONAL COUNSELING & ASSESSMENT SERVICES, INC.
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770-242-4437

CLIENT INFORMATION AND HISTORY

Today's Date: _____

Client(s) Name(s): _____

Address _____

City	State	Zip
Phone: H) _____	Is Voice Msg O.K.? ___ Yes ___ No	
W) _____	Is Voice Msg O.K.? ___ Yes ___ No	
Cell) _____	Is Voice Msg O.K.? ___ Yes ___ No	

Date of Birth: _____ Age _____

Soc. Sec. #: _____

Emergency Contact Name and Phone #: _____

Spouse/Partner Info: _____

Client(s) Name(s): _____

Address _____

City	State	Zip
Phone: H) _____	Is Voice Msg O.K.? ___ Yes ___ No	
W) _____	Is Voice Msg O.K.? ___ Yes ___ No	
Cell) _____	Is Voice Msg O.K.? ___ Yes ___ No	

Date of Birth: _____ Age _____

Soc. Sec. #: _____

Emergency Contact Name and Phone #: _____