



KETTLE MORAINЕ COUNSELING

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Client Registration

Client's Name _____ Preferred Name: _____
(Last) (First) (M.I.)

Address _____
(Number and Street) (City) (State) (Zip)

Home Number _____ Work Number _____ Mobile _____ Ok to text? _____

Email _____ OK to email? _____ Gender _____ Pronouns _____

Date of Birth _____ Social Security # _____ Marital Status: M S W D Separated

Spouse's Name _____ Employer _____

IF CLIENT IS UNDER 18 OR HAS LEGAL GUARDIAN:

Name of Parent or Guardian _____

Parent/Guardian Date of Birth _____

Address of Parent or Guardian _____
(Number and Street) (City) (State) (Zip)

Home Phone Number _____ Work Phone Number _____

Mobile Phone Number _____ Email _____

Does child have another parent/guardian with rights to medical information? If so name? _____

Are there any custody situations we should know about? _____

INSURANCE INFORMATION-

Primary Insurance _____ Secondary Insurance _____

Member # _____ Member # _____

Group # _____ Group # _____

Name of Insured _____ Name of Insured _____

Insured SS# _____ Insured SS# _____

Insured DOB _____ Insured DOB _____

Co-pay Amount _____ Co-pay Amount _____

Employer _____ Employer _____

How were you referred to us? _____

Do you prefer appointment reminders by phone call, text, or email? _____