

**Lorraine B. Wodiska, PhD, CGP, ABPP-F, AGPA-F**  
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**Demographic and Billing Information**

Name: \_\_\_\_\_

Gender Identity and Preferred Pronouns: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

***Telephone Numbers***

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Home: \_\_\_\_\_

Please check your preferred number for contact.

***Emergency Contact Information***

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

***Relationships***

Relationship Status (check one)

Never Married      Married      Separated      Divorced      Widowed

Family Members currently living in the home

Name                                  Age                                  Relationship                                  Occupation

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***Billing Information***

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Number on reverse of card: \_\_\_\_\_

Name as it appears on the credit card: \_\_\_\_\_

Credit card billing address if different from above:

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Thank You**