



101 Devant St., Suite 504, Fayetteville, GA 30214 • Tel 7707034448 • Fax 7707034038

CLIENT INFORMATION FORM

The following information will be kept strictly confidential

Name: _____ **Date of Initial Evaluation:** _____

Home Address (street, city, state, zip):

Phone Numbers (Home): _____ (Cell): _____

(Work): _____ **May I leave a message for you at these numbers?** _____

Date of Birth: ___/___/___ **Age:** ___ **Guardian:** _____

Relationship Status: _____ **Spouse/Partner Name:** _____

Emergency Contact Name & Telephone Number: _____

Current Medication (please list all prescribed and OTC meds): _____

History of Medical Conditions (diabetes, hypertension, cardiac issues, asthma, cancer, head injury, seizure, etc.):

How did you hear about Dr. Tiffanie L. Davis Henry and/or Intimate Details, LLC?

___ Psychology Today ___ TV _____ www.myintimatedetails.com

Television Show

___ My Doctor* _____ My Therapist* _____

Name

Name

___ Magazine/Newspaper _____ Radio _____

Publication

Station

___ Other (please specify) _____

*If referred by an MD/Therapist, do you give permission for Intimate Details, LLC to send written acknowledgement of the referral. X _____

I freely give my permission for the therapy to be received. Payment is due at the time of service unless prior arrangements have been made. I understand that if I do not cancel an appointment 24 hours in advance, I will be responsible for the full amount of that session. All payments shall be made in the form of cash, debit or credit card.

Client/Guardian Signature: X _____ **Date:** _____