

REN MASSEY, PH.D.
3580 Habersham at Northlake, Tucker, GA 30084

Licensed Psychologist
Phone: 404-292-3400

CLIENT INFORMATION

LEGAL
NAME _____ BIRTHDATE _____
PREFERRED
NAME _____ PRONOUNS _____
RELATIONSHIP NUMBER
STATUS _____ OF YRS/MTHS _____
HOME EMAIL
ADDRESS _____ ADDRESS _____
_____ HOME PHONE _____

REFERRED BY _____ CELL PHONE _____
EDUCATION EMPLOYER
LEVEL _____ OR SCHOOL _____
POSITION
AND # OF YEARS _____
WORK OR SCHOOL
ADDRESS _____ WORK PHONE _____
PERSON RESPONSIBLE RELATIONSHIP TO
FOR BILLS _____ RESPONSIBLE PARTY _____
HEALTH CONCERNS
& MEDICATIONS _____
EMERGENCY RELATIONSHIP TO
CONTACT PERSON _____ EMERGENCY CONTACT _____
PHONE #'s FOR
EMERGENCY: HOME _____ WORK _____

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I hereby authorize Dr. Ren Massey to provide psychological services to myself and/or the minor in my custody.

NAME SIGNATURE DATE

I agree that I, or the agency I represent, am responsible for bills and not my insurance company.

NAME SIGNATURE DATE

I HAVE BEEN INFORMED THAT I AM RESPONSIBLE FOR FEES FOR SESSIONS NOT CANCELED 48 HOURS IN ADVANCE.

NAME SIGNATURE DATE