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Basic Information Sheet

Today's Date: \_\_\_\_\_  
Day Month Year

Name: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street City Zip Code

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

DOB: \_\_\_\_\_  
Month Date Year

Emergency Contact: (1) \_\_\_\_\_  
Name Relationship Phone  
(2) \_\_\_\_\_  
Name Relationship Phone

Email address: \_\_\_\_\_  
Used for appointment reminders

Place of employment: \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone