

**LEGAL/FORENSIC FORM**

**PATIENT INFORMATION**

**DATE :** \_\_\_\_\_

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

First Last

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Numbers: (Home/Cell) \_\_\_\_\_ - \_\_\_\_\_ (Work) \_\_\_\_\_ - \_\_\_\_\_

Sex: **M** **F** Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Other \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Ex-Spouse's Name: \_\_\_\_\_

Children (s) Name (s) and Age (s):

\_\_\_\_\_  
\_\_\_\_\_

Would you prefer to be contacted at HOME/CELL \_\_\_\_\_ or WORK \_\_\_\_\_

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

Attorney's Name and Address: \_\_\_\_\_

Attorney's Phone Number: \_\_\_\_\_

Whom may we contact in case of an emergency? \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Name of Judge on Case if known: \_\_\_\_\_

David W. McMillan, Ph.D.  
2809 Wimbledon Rd.  
Nashville, TN 37215

I, the undersigned, understand that matters discussed with Dr. David W. McMillan may be pertinent to litigation and that he may be required to testify. I understand that what I say in his presence may be subject matter in his testimony.

Confidentiality is vested in one client or in a married couple. Confidentiality does not apply to divorced couples or blended families. Courts can subpoena Dr. McMillan and compel his testimony about his knowledge and opinions. You have the right to release Dr. McMillan from your confidentiality privilege if you are his client or you may assert your confidentiality privilege. This is your choice.

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Signature

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Date

Since clients are seen by appointment only (*unless an emergency situation dictates otherwise*), the appointment time given is reserved for you. Please give at least forty-eight (48) hours notice if you must cancel your reserved time. In the absence of such circumstances, you will be charged your usual fee for appointments not cancelled twenty-four hours prior to the time. Please **you are fully responsible for any charge due to a missed appointment.**