

# ADD Action Coach

## SPECIAL ADVENTURE PROGRAM

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

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Your occupation: \_\_\_\_\_

Fulltime Student: \_\_\_\_\_

### Responsible Party for Payment

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

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

### Emergency Contact Info

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

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

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

Credit Card # to Retain for Charges : \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3 or 4 Digit CVC: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Have you had neuropsychological or educational testing? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, approximate date(s) and by whom?

Please note any medical or psychological diagnoses:

**2021 Richard Jones Rd., Suite 350B, Nashville TN 37215-----130 Hillcrest Drive #201, Clarksville TN 37043**

**Cell: 617-842-0634**

Reason(s) for interest in the SAP:

**NOTE:** Do you require a follow-up call in order to discuss your circumstances/reasoning behind interest in the SAP ?    YES    NO

Please list any medications that you are taking presently:

Please list any hospitalizations/therapy/psychiatric care:

Please list any special accommodation and/or dietary requirements during the SAP:

**Payment Policy:**

Services with ADD Action Coach (Christine L. Robinson, M.Ed.) are provided on a private- pay basis only. We are unable to submit forms for insurance reimbursements purposes but will provide receipts to clients for purposes of flexible spending accounts. We accept credit/debit cards, cash or checks (checks must be submitted and clear prior to the end of registration date). Credit/debit cards will be charged for the full amount of the program **(\$3,500.00)** and will not be refunded under normal circumstances (If an extenuating circumstance arises that precludes a registered individual from attending the funds can be utilized for a future like program).

**Confidentiality:**

All information is kept in the strictest confidence. If you would like us to communicate with a doctor or therapist, please forward a signed release of information to the provider.

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Where did you hear about the Specialized Adventure Program (SAP)?

Website:

Psychology Today Website:

Newsletter:

Friend/Family:

Print Ad:

Linked In:

Facebook:

Instagram:

Twitter:

I have read, understand and acknowledge the policies of ADD Action Coach, Inc.

Signature:

Printed Name:

Date:

Please complete and scan back this form to:

[Christine@ADDActionCoach.com](mailto:Christine@ADDActionCoach.com)

**Thank you!**

**ADD Action Coach**

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