

ADD Action Coach

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:

Credit Card # to Retain for Charges:

Expiration Date:

3 or 4 Digit CVC:

Billing Zip Code:

Have you had neuropsychological or educational

Yes

No

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

Are you seeking:

ADHD Coaching

Educational Consulting

Cognitive Rehabilitation/Remediation

If you have utilized any of the above listed services in the past please provide a description:

Please note any medical or psychological diagnoses:

Please list any medications that you are taking presently:

Please list any hospitalizations/therapy/psychiatric care:

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. Payment is expected at the time of service. We accept credit cards, cash or checks. We require a 24 hour cancellation policy. If you do not notify us within 24 hours of appointment, please note that you will be charged in full for that appointment.

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.

Where did you hear about Christine L. Robinson's ADD Action Coach?

Website: Psychology Today Website:

Newsletter: Friend/Family:

Print Ad: Linked In/Twitter:

Doctor/Therapist: If so, please list clinician:

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

Signature:

Printed Name: Date:

NOTE: Once completed please save your form, print, scan and submit it via email to:

christine@addactioncoach.com

Thank you!

ADD Action Coach

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

Cell: [617-842-0634](tel:617-842-0634)