

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 testing? If yes, approximate date(s) and by whom? Yes No

Are you seeking: _____

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 48 hour cancellation policy. If you do not notify us within 48 hours of appointment, please note that you will be charged in full for that appointment. In addition, if coaching packages are purchased in advance, no refunds will be given for unused sessions. These sessions, however, can be used anytime in the future and have no expiration date.

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

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Cell: 617-842-0634