

# Attention Solutions

## ADHD Life Coaching

### Client Information

Student/Child/Person Being Coached: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do you have unlimited texting? Yes No

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

Is this your email or your parents?  My Email  My Parent's Email

School: \_\_\_\_\_ Grade/Year: \_\_\_\_\_

Job: \_\_\_\_\_ Hours/Week: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_

### Client Contact/3<sup>rd</sup> Party Information

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Other Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Mother's Preferred Phone: \_\_\_\_\_ Father's Preferred Phone: \_\_\_\_\_

Guardian Preferred Phone: \_\_\_\_\_

Residence or Secondary Phone: \_\_\_\_\_

Parent Email Address(s): \_\_\_\_\_