

CONSULTATION FORM

DATE _____ PREFERRED METHOD OF CONTACT PHONE EMAIL

FIRST NAME _____ LAST NAME _____

MOBILE PHONE _____ EMAIL ADDRESS _____

BIRTHDATE _____ HOW DID YOU HEAR ABOUT ME _____

Have you been formally diagnosed with Adhd? YES NO If Yes, date of diagnosis _____

Current Adhd medication: dose/frequency/effectiveness _____

Previous Adhd Medication _____

Co-existing conditions _____

Do you see a psychiatrist, therapist or other treatment provider? Name(s) _____

Sleep hours/night: _____ Caffeine cups/day: _____

Exercise: Type/s _____ How often: _____

For women: PMS: YES NO Perimenopause: YES NO Menopause: YES NO

Symptoms _____

COACHING GOALS

What are the biggest challenges you are facing right now? _____

In the next 1-3 months, what changes would you like to see happen in your life? _____

What specific issues do you feel that Adhd coaching could help you with? _____

Please email this form to amy@theattentiveway.com.

I will review your information and contact you within 48 hours to schedule our 20 minute complimentary consultation call.

I look forward to speaking with you!