

# NEWTOWN THERAPY & WELLNESS CENTER

## NEURODIVERSE COACHING CLIENT REGISTRATION

Client Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Gender Identity: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Client's Spouse/Partner (if applicable): \_\_\_\_\_

Family Physician: \_\_\_\_\_ Psychiatrist (If applicable): \_\_\_\_\_

Current medications & dosages: \_\_\_\_\_

Person to contact in an emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Would you like to receive text reminders for your appointments the day before? Y \_\_\_\_\_ N \_\_\_\_\_

On what number? \_\_\_\_\_

### FINANCIAL AGREEMENT

I have agreed to pay privately for my coaching services. All sessions are Telehealth and 45-50 minutes long for all clients. The fee is \$150 per session. Paperwork and other requests such as phone calls longer than 15 minutes will be a separate cost according to the current Fee Schedule. Payment is due at the time of service. I acknowledge that Newtown Therapy will not bill my insurance company. Additionally, Newtown Therapy cannot provide a receipt with billing codes for the purposes of reimbursement through my healthcare provider, as Neurodiverse Coaching is not a medical or mental health service. There is a 24-hour cancellation policy which requires that you cancel or reschedule your appointment 24 hours in advance. Failed appointments (no cancellation) or same-day cancellations will be charged the full fee. Payments through credit cards and Venmo are accepted.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_