**PLEASE COMPLETE THIS FORM BEFORE YOUR FIRST MEETING WITH ANA PAULA FRANCISCO**

**Demographics**

Name (last, first,mi): Click or tap here to enter text.

Age: Click or tap here to enter text.

Date of Birth: Click or tap here to enter text.

Address: Click or tap here to enter text.

Home Phone: Click or tap here to enter text. Can I leave a message in this phone?  YES  NO

Cell Phone: Click or tap here to enter text. Can I leave a message in this phone?  YES  NO

Email: Click or tap here to enter text.

1. How did you hear about us?  Doctor/Psychologist/Therapist  Google  Social Media  Do not Remember  Other Click or tap here to enter text.
2. Are you currently employed?

Click or tap here to enter text.

1. What is the highest level of education you have achieved?

Click or tap here to enter text.

1. What problems are you most concerned about and would like help with?

Click or tap here to enter text.

1. How long you have been experiencing these problems?

Click or tap here to enter text.

1. Have you been diagnosed with ADHD?

Click or tap here to enter text.

1. Are you taking medications for ADHD? What medication?

Click or tap here to enter text.

1. If you are taking medication, does it help you? In what way?

Click or tap here to enter text.

1. Have you ever done coaching before? If yes, do you think that it was helpful? What were the positive and negative points for you?

Click or tap here to enter text.