

Ψ Lifetime Development

780 Main Street, Suite 205 Pleasanton, California 94566
925-462-2123 Fax: 925-249-1113 www.lifetime-development.org

BACKGROUND INFORMATION FORM - ADULT

	Patient	Significant Other
Name		
D.O.B		
Age		
relationship		
Occupation		
Marital Status or Sex:		
Tel. #1		
Tel. #2		
Fax:		
e-mail:		
Home Address		
School/Employer		
School/Work Address		
Driver's License #		
SS #		
Insurance		

FEES CHARGED: I will pay the agreed fee at each session. I understand that I am responsible for full payment of missed appointments and for cancellations of less than 24 hours. When a cancellation is due to illness, 50% of the fee for the session will still be due unless the appointment time can be otherwise filled.

A \$300 deposit is required at the beginning of neurofeedback treatment. This deposit will be applied to preparation for feedback at the final appointment and for the final consultation session itself. Payment is due for all other sessions on the appointment day unless other arrangements are made in advance of the session. If a regular (agreed to) payment is missed for any reason, I understand that I am responsible for payment by credit card or check for that session on or before the day of the next appointment. Refunds will not be routinely made for the deposit or any portion thereof if the final consultation is missed.

CONSENT TO RELEASE INFORMATION: If you wish for us to communicate with others, we must have your signature on a separate legal form to release information to third parties. Please give us the names of these individuals below. For additional requests over the course of treatment and afterward, kindly request an additional consent form for each additional person.

NAME	TELEPHONE	E-MAIL/FAX

Signature of Responsible Party (required):

Date

