

AD/HD & Career Coaching

AUTHORIZATION FOR EXCHANGE OF INFORMATION

In order to ensure customized goal-setting and appropriate action planning during the initial stages of the coaching engagement, it can be beneficial to exchange information with family and health care providers. Also, ongoing communication between the coach and other individuals, who are helping the client in his or her efforts to achieve personal or professional goals, during the coaching engagement may streamline or otherwise enhance the client's ability to achieve those goals. If you would like me to have this capability, please complete the form below, sign it, and send it back me.

I hereby give my consent to Robin Roman Wright, Career & AD/HD Coach, to exchange any information relating to my or my child's medical, educational, professional and organizational history/ circumstances with

1. Name Address Telephone #
2. Name Address Telephone #
3. Name Address Telephone #

Print Client's Name

Date of Birth

Today's Date

Client's Signature or Parent's Signature
if Client is a Minor