

# **CROSSROADS Behavioral Health**

10 North Main Street • West Hartford CT 06107 • Tel: 860-233-8111 • Fax: 860-236-2016

## **The Highlands Ability Battery** **Enrollment Form**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home, cell or work number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**High School/College attended and dates:** \_\_\_\_\_

\_\_\_\_\_

**Current or most recent employer and position held:** \_\_\_\_\_

\_\_\_\_\_

**Referred By:** \_\_\_\_\_

**Battery Requested:** \_\_\_\_\_ **Student** \_\_\_\_\_ **Adult**

**I understand that “no show” appointments or cancellations made less than 24 hours in advance of my appointment will be charged to my credit card, and that cancellations must be made by *telephone* only.**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Client Signature**