

**CROSSROADS B.H., LLC**  
Tel: 860.490.5929 • Email: SusanEPetermanPhD@gmail.com

**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.**

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**Date**

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**Client Signature**