

# **CROSSROADS B.H., LLC**

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## **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.**

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

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