

# Living With Neurodiversity You and Me

## Client Profile

Date Prepared \_\_\_\_\_

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

Have you ever been diagnosed with a learning disability, mental illness, or behavioral disorder? If so, please list:

Are you currently taking any prescription medication related to the above diagnoses. If any? If so, please list:

Other relevant/interesting facts you would like me to know prior to starting coaching: