



CHESAPEAKE

Center for Attention and Learning Disorders

REQUEST FOR APPOINTMENT

Please contact me at your earliest convenience to set up an initial consultation for:

Name: _____, age _____.

Purpose of appointment:

- _____ Testing, child
- _____ Testing, college/graduate/professional student
- _____ ADHD assessment – adult
- _____ Individual treatment - adult
- _____ Individual treatment - child, adolescent
- _____ Couples treatment
- _____ Family therapy
- _____ Parent guidance
- _____ Career focused assessment/consultation
- _____ ADD coaching
- _____ Professional organizing
- _____ Other (please specify) _____

(If appointment is for a minor, please provide parent contact information below.)

Home Ph.: _____ Mobile Ph.: _____

Work: _____ Email address: _____

Name: _____

Address: _____

FAX APPOINTMENT REQUEST TO 301-562-8449

**8607 Cedar St., Silver Spring, MD 20910 301.562.8448
Kathleen G. Nadeau, Ph.D., Director**