



New Insights Communication
TALK2ME® Training and Keynotes

Dennis E. O'Grady, Psy. D.

7085 Corporate Way • Dayton OH 45459-4223
937.428.0724 • www.drogrady.com

Talk2Me® Communication Coaching Client Information Form

CLIENT PROFILE:

First Name _____ MI _____ Last Name _____

Address: _____

City/State: _____ Zip Code: _____ DOB ___/___/___

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Email: _____ Male Female

Single Married Divorced Widow(er) Other

Employed Retired Full Time Student Part Time Student

Emergency Contact Person and Phone #: _____

PAYMENT INFORMATION/FINANCIAL RESPONSIBILITY:

Who will be responsible for account payment? Self _____ Company _____

Company Name _____ Fax # _____

Address _____ City/State _____ Zip _____

Contact Person _____ Phone # _____

Email: _____

FINANCIAL RESPONSIBILITY:

I understand that I am financially responsible for all charges resulting from scheduled or unscheduled sessions.

Signature: _____ Date: _____

24-HOUR CANCELLATION POLICY:

Our office requires at least a 24-hour cancellation notice if you cannot keep your appointment time. If this notice is not given, a \$100 fee will be assessed for the time which was reserved for you. Our office tries to be reasonable about unforeseen circumstances. However, we reserve the right to make the final decision about charges. Thank you for your understanding and cooperation.

Signature: _____ Date: _____