

BalanceQuest Coaching

Cognitive Dynamic Therapy Associates
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I. PLEASE complete the following information.

Name: _____ DOB: _____ Age: _____

Phone: _____ (Circle: Mobile or Work)

Address: _____

Home Phone: _____

E-Mail Addresses _____

II. PLEASE sign and return this agreement form.

I understand the nature of coaching and agree to the terms:

Signature: _____

III. I plan to pay by: **CASH** **CHECK** **CREDIT CARD**
(Circle one)

If credit card, complete the attached Charged Authorization Form