



## Appointment Request Form

You may use this form to request an appointment or additional information. Our clinical staff will review your submission and respond to your request within one business day of receipt. Please call us at (646) 775-6646 or contact us by email at [info@yellincenter.com](mailto:info@yellincenter.com) if you have any questions.

### Contact Details

Your name: Title: \_\_\_\_\_ First: \_\_\_\_\_  
Last \_\_\_\_\_ Suffix \_\_\_\_\_

Preferred method of contact (circle one):

- Email
- Phone
- Text message
- Mail

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Comments or questions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about The Yellin Center?

- Referral - Healthcare Provider
- Referral - School/Educator
- Friend or Family
- Web search
- Facebook/Twitter/Social Media
- Blog
- Newsletter
- All Kinds of Minds
- Dr. Yellin - Presentation
- Dr. Yellin - Media Appearance
- Other \_\_\_\_\_

Name of referring professional (optional): \_\_\_\_\_

I would like to receive occasional email communications from The Yellin Center.

- Yes
- No

### Student Information

#### Current educational level:

- |                                       |   |  |
|---------------------------------------|---|--|
| <input type="checkbox"/> Pre-K        | <input type="checkbox"/> Grade 8            | <input type="checkbox"/> Medical school or residency |
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> Grade 9            | <input type="checkbox"/> Law school                  |
| <input type="checkbox"/> Grade 1      | <input type="checkbox"/> Grade 10           | <input type="checkbox"/> Not currently enrolled      |
| <input type="checkbox"/> Grade 2      | <input type="checkbox"/> Grade 11           | <input type="checkbox"/> Other: _____                |
| <input type="checkbox"/> Grade 3      | <input type="checkbox"/> Grade 12           | _____  |
| <input type="checkbox"/> Grade 4      | <input type="checkbox"/> College/University |  |
| <input type="checkbox"/> Grade 5      | <input type="checkbox"/> Gap year program   |  |
| <input type="checkbox"/> Grade 6      | <input type="checkbox"/> Graduate studies   |  |
| <input type="checkbox"/> Grade 7      |   |  |

#### Current educational setting:

- |   |   |
|---|---|
| <input type="checkbox"/> Public school  | <input type="checkbox"/> Higher education |
| <input type="checkbox"/> Private school | <input type="checkbox"/> Other: _____     |
| <input type="checkbox"/> Home school    | _____                                     |

School name (optional): \_\_\_\_\_

#### Has this student been evaluated for learning in the past?

- Yes  No

For what reasons are you seeking an appointment at this time? \_\_\_\_\_

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**Thank you for your interest in The Yellin Center. To submit this request form:**

**By mail:**  
104 West 29<sup>th</sup> Street, Fl. 12  
New York, NY 10001

**By fax:**  
(646) 775-6602

**Online:**  
[contact.yellincenter.com](http://contact.yellincenter.com)  
[info@yellincenter.com](mailto:info@yellincenter.com)