COURSE APPLICATION

Workshop Title: _____
Workshop Dates: _____

Name (Last)_____(First)_____I like to be called_____
Mailing Address_____(City)_____(State)_____(Zip)_____
Cell Phone _____Work Phone _____Home Phone_____
Email Address_____ DOB_____
Occupation _____ Employed by _____
Male _____ Female _____ Educational Background _____
Single _____Married _____ Divorced _____Widowed_____ Separated_____ Living w/ Someone _____
How did you hear about the workshop? _____
Person most responsible for your taking this workshop (other than you)?_____
Benefits you would like to receive from participating in the workshop: _____
_____
_____
Have you participated in other programs for personal growth? If so, please list: _____
_____
_____
The answers to the following questions will assist us in being better prepared to meet your needs during this workshop.
Please answer the following questions to the best of your knowledge:
Are you presently under treatment for a physical condition? Yes_____ No _____
If so, please describe the condition briefly
Are you currently taking any medication? Yes _____ No _____
If yes, please describe: _____
Please describe any current minor or major ailments: _____
_____
Are you now or have you ever been in psychotherapy or counseling?
Yes_____ No_____
If yes, when? _____ Individual_____ Group_____ How Often? _____
Reason: _____Was it useful? Yes_____ No _____
Have you ever been hospitalized for psychiatric care? Yes_____ No _____
If so, when_____ How long?_____
Reason: _____
Have you ever had prescribed or are you currently taking an antidepressant medication, lithium, thorazine, stelazine, haldol or an other tranquilizer? Yes _____ No _____
If yes, please describe: _____
Have you ever had a nervous breakdown? Yes _____ No _____
If yes, please describe: _____
Person to contact in case of an emergency:
Name_____ Relationship_____ Telephone_____

"I hereby acknowledge that I have thoroughly and carefully read and understand the above questions and certify by my signature that I have answered all questions truthfully and accurately."

Signature _____ Date: _____

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