

# 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.

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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