Hold Me Tight® Couples Workshop at The Cottage Clinic Diana Weiss-Wisdom, Ph.D. Licensed Psychologist Psy#12476

INTAKE FORM

Please have each me	mber of the couple fill out their own form.
Your Name:	
Your Partner's Name	e:
Date:	
Home phone:	Cell phone:
L'-111a11.	
Referred by:	
Age:	Date of birth:
Relationship status:	
Number of years tog	ether:
	ost fulfilling about your relationship?
2	
	
How long have you a Together, Married?	and your partner been together? In what form? Dating, Living
How happily partner relationship and the	red are you? Or what are the some of the best aspects of your most challenging:

Number of marriages:	
Number of children:	
Number of stepchildren:	
Occupation:	
Emergency Contact 1 (name and number)	
Workshop Goals	
What are you hoping to get out of this program? Please describe.	
Do you have any concerns about attending this workshop?	
you have any concerns about attending this workshop?	
	
Have you ever been diagnosed with any kind of serious illness? No Yes f yes, please describe what and when:	

Cancellation Policy	
Your registration fee is non-refundable, but transferable if you inability to come at least two weeks before the workshop. If yo least two weeks notice before the workshop, your registration for my Hold Me Tight® Workshops for Couples within 12 montwill be a transfer fee of \$250 if you give at least two weeks not	ou need to cancel and you give at fee is transferable to another one ths of the registration date. There
If you cancel less than two weeks before the workshop, there a future workshop.	re no refunds or transfers to a
My facility has limited space, we have sunken costs within two require adequate notice (more than two weeks) to let people on availability. Thank you for your understanding.	± *
I understand, acknowledge, and accept this cancellation	on policy.
Your Signature Please	Date

Release Form

Please Note: The Marriage Enrichment Program: A Hold Me Tight® Workshop is an educational resource for couples interested in enhancing the quality of their relationship. This program is not intended to be a substitute for individual couples therapy with a trained professional therapist. If you, your partner, or a family member are experiencing significant relationship distress, serious depression, or mental health problems, we urge you to seek professional treatment immediately and consider using this program only with the help of a trained mental health professional.

Release

I understand this group program is designed to assist me in understanding my relationship and provides guidelines for enhancing the quality of my relationship. I understand that I am fully and solely responsible for the results and decisions I make regarding my use of the content of this program. I release the facilitators, the program developer and all related institutions and organizations from any, and all present or future claims of liability. I also understand that this is an educational program, not couple therapy, and that the facilitators are not acting in the capacity of a professional counselor during the workshop. **Initial here**

Lastly, The Cottage Clinic has lots of little, odd steps so please look down when you are transitioning between rooms. When you are outside, please watch your step also as the ground is uneven and rattle snakes have been seen in the area a couple of times in the past 10 years.

I understand that I need to watch my step inside and outside of The Cottage Clinic and will not hold the facilitators of the workshop or the owners of The Cottage Clinic Property responsible if I were to fall and/or injure myself.

Signature Printed Name Date

Initial here