

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

INTAKE FORM

Please have each member of the couple fill out their own form. Your Name: _____

Your Preferred Pronoun: _____

Your Partner's Name: _____

Date: _____

Address:

Home phone: _____

Cell phone: _____

E-mail:

Referred

by: _____

Age: _____ Date of birth: _____

Relationship status: _____

Number of years together: _____

What do you find most fulfilling about your relationship?

How long have you and your partner been together? In what form? Dating, Living Together, Married?

How happily partnered are you? Or what are the some of the best aspects of your relationship and the most challenging:

Number of marriages: _____

Number of divorces: _____

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?

Have you ever been diagnosed with any kind of serious illness? No Yes

If yes, please describe what and when:

Cancellation Policy

Your registration fee is non-refundable, but transferable if you are able to notify me of your inability to come at least two weeks before the workshop. If you need to cancel and you give at least two weeks notice before the workshop, your registration fee is transferable to another one of my Hold Me Tight® Workshops for Couples within 12 months of the registration date. There will be a transfer fee of \$250 if you give at least two weeks notice.

If you cancel less than two weeks before the workshop, there are no refunds or transfers to a future workshop. During the Covid Pandemic, if

you find out that you had contact with an individual positive for covid or are positive yourself, or are having symptoms of illness, we will waive the usual cancellation policy and offer you a transfer or refund. This does not cover losing daycare or other issues, only direct exposure or personal illness.

My facility has limited space, we have sunken costs within two weeks of the workshop, and we require adequate notice (more than two weeks) to let people on the waitlist know that there is availability. Thank you for your understanding.

I understand, acknowledge, and accept this cancellation policy.

Your Signature Please Date

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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.

Initial here _____

Signature Printed Name Date

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Diana Weiss-Wisdom, Ph.D. Licensed Psychologist#12476

Consent for Returning to in Person Services at The Cottage Clinic

This Consent is required for participation in an In-Person Hold Me Tight® Couples Workshop.

Please read this document carefully and let me know if you have any questions.

Because the threat of COVID-19 is still ongoing in our world:

- Hand sanitizer will be provided at the office entrance and must be used upon entering the office. Please continue to wash your hands frequently during the weekend when on the premises.
- You agree not to come to the workshop if you have a fever, shortness of breath, coughing, or any other symptoms associated with COVID-19 or if you have been exposed to another person who is showing signs of infection or has confirmed COVID-19 within the past two weeks.
- **Initial here:** _____
- You agree to show proof of a negative Covid test taken the evening before or the morning of the workshop.
Initial here: _____

- We remain committed to following state and federal guidelines and to adhering to prevailing professional healthcare standards to limit the transmission of COVID-19 in our offices. Despite our careful attention to sanitization, there is still a chance that you will be exposed to COVID-19 in our office.
By signing below, you acknowledge that you have been vaccinated for Covid-19 and will provide proof of vaccination when you send in this paperwork. You also acknowledge that there is still a potential risk of exposure and that you agree to follow the safety protocols outlined above, to engage in in-person services. You also agree that you will not hold Dr. Diana Weiss-Wisdom responsible in any way if you were to contract Covid-19.

Workshop Attendee Date