

Hold Me Tight® Couples Workshop at Pathfinders Church

Workshop led by Maren Whipple, MSED, LCPC and Sue Verble, MA, LPC

INTAKE FORM Please have each member of the couple fill out their own form.

Your Name: _____

Partner's Name: _____ Date: _____

Address: _____

Home phone: _____ Cell phone: _____

E-mail: _____

Referred by: _____

Age: _____ Date of birth: _____

Relationship status: _____ Number of years together: _____

Dietary restrictions: _____

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 children: _____

Occupation: _____

Emergency Contact 1 (name and number)

Workshop Goals - What is your hope for attending this program? Please describe.

Do you have any concerns about attending this workshop?

Have you ever been diagnosed with any kind of serious illness? If yes, please describe what and when:

Cancellation Policy - Your registration fee is non-refundable, but transferable if you notify us of your inability to come at least 48 hours before the workshop. If you need to cancel and you give at least 48 hours notice before the workshop, your registration fee is transferable to another one of our Hold Me Tight® Workshops for Couples within 12 months of the registration date. Thank you for your understanding. I understand, acknowledge, and accept this cancellation policy.

Your Signature

Date

Hold Me Tight® Couples Workshop

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 _____

Your Signature

Date