

Please fill out the following information from the Registration Form completely. Name of the Participant: Support Caller: Date: Has the participant received and reviewed their confirmation packet? What have you heard about the Training? What is your purpose in attending the Training?

From the registration form: What's a recurring thought, feeling or behavior that you would like to change?
What relationship in your life do you most want to transform?
What do you want for your future?
Are you currently in thereny? Vec D No D
Are you currently in therapy? Yes □ No □
Have you had any prior therapy or psychological counseling? If Yes, approx. beginning
and ending dates are: Yes □ No □
Have you ever been hospitalized for psychiatric care or for a mental disorder? If Yes,
approx. beginning and ending dates are:

Are you currently taking or have you ever been prescribed any anti-psychotic medication? If Yes, approx. beginning and ending dates are:
Dosage and medication:
Are you currently taking or have you ever been prescribed any antidepressant or anti- anxiety medication?
Do you have any medical condition(s) that may be aggravated or inhibit your participation in the Training?
The medical condition is: (personal release sig)
The medical condition is. (personal release sig)
Have you ever been incapacitated by severe depression, anxiety, or any other mental disturbance? If Yes, when and how many times:
Have you ever harmed yourself or become violent toward others? If Yes, when, with whom, and how many times:

Within the last 12 months, have you been dependent on alcohol, marijuana, cocaine, or any similar non-prescribed drugs? If Yes, describe:
Have you ever experienced any events in your life that resulted in significant trauma from any kind of abuse, loss of loved one, or any other significant loss? If yes, describe:
Do you have any special needs? If yes, describe:

Are you currently under a doctor's care? If yes, describe:
Support Caller Evaluation of the Call:
Participant Name:
How long did the call last?
Do you think the portionant is ready for the Training? Evaluin
Do you think the participant is ready for the Training? Explain.
Are there any Red Flags and/or Special Needs? Are they an audit?

Additional Notes:	