

Restoring Emotional Wholeness Weekend Intensive  
Participant Information Form

Name: \_\_\_\_\_

Please provide the name and contact phone number of an individual we can contact in the event of an emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Leave a message? \_\_\_ yes \_\_\_ no

Marital Status \_\_\_\_\_ If married, how long? \_\_\_\_\_ If separated, how long? \_\_\_\_\_  
If married, does your spouse know you are attending? \_\_\_ Yes \_\_\_ No

Please describe the situation that led you to the intensive at this time:

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How long has this been a concern? \_\_\_\_\_

Please describe the impact betrayal trauma has had on you:

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What are your goals for the intensive weekend?

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Are you currently working with a counselor? \_\_\_ Yes \_\_\_ No

Are you taking medication prescribed for any psychiatric or emotional difficulties? \_\_\_ Yes \_\_\_ No  
If yes, please list:

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Do you have any allergies that the staff needs to be aware of? \_\_\_ Yes \_\_\_ No  
If yes, please describe:

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Do you have any health or medical conditions that the staff needs to be aware of?  
\_\_\_ Yes \_\_\_ No If yes, please describe:

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Do you have any dietary restrictions that the staff needs to be aware of?  
\_\_\_ Yes \_\_\_ No If yes, please describe:

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Are there any domestic concerns we need to be aware of (pending divorce, custody battle, etc)?

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Is there anything else you feel is important for the staff to know?

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