

**WORKSHOP INTEREST INTAKE FORM  
Client Information Form**

Today's date: \_\_\_\_\_

**A. IDENTIFICATION**

1) Your name: \_\_\_\_\_ Age: \_\_\_\_\_ E-mail \_\_\_\_\_

Can We Contact You through E-mail, Phone/Text and Mail?    Y    N    If No please indicate which  
one \_\_\_\_\_

Home street address: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone if different than Cell \_\_\_\_\_

Calls will be discreet, but please indicate any restrictions: \_\_\_\_\_

2) Partners name: \_\_\_\_\_ Age: \_\_\_\_\_ E-mail \_\_\_\_\_

Married: Y    N    If Married: How long \_\_\_\_\_

Dating: Y    N    If Dating: How long \_\_\_\_\_

Rate Your Level of Conflict:    High    Medium    Low

Have You Contemplated Breaking Up, Separation or Divorce:    Y    N

**B. PREFERENTIAL TIMES FOR WORKSHOP**

**Workshop Options:**

#1 Thursday 6:00pm – 9:30pm, Friday 6:00pm – 9:30pm, Saturday 9:00am – 5:00pm

#2 Saturday 9:00am – 5:00pm, Sunday 9:00am-5:00pm

#3 If you could create your own workshop schedule what would it be?

**C. Goal(s) of Workshop or Additional Info or Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_