

**The Divorce Recovery and Family Resources Center, P.C.
Personal Information Form**

Please select the appropriate seminar:

- When Your Relationship Ends
 Healthy Relationships with Self and Others

NAME _____
PHONE Work () - _____ Home () - _____ Cell () - _____
ADDRESS _____
CITY, STATE, ZIP _____ **BIRTHDAY** _____
(mo/day/year)

Relationship Status:

Divorced or Divorcing Separated Widow/Widower Never Married
Years Married/ or in Relationship _____ Months Divorced _____ Months Separated _____
Relationship ended by: Me Spouse/Partner Both of us agreed
Ages of Children _____ Number in home _____
 Currently in a significant relationship:
 Presently in a counseling/therapeutic relationship: _____ Therapist: _____
 Presently taking psychotropic medications (list here): _____
 I have attended other DRFRC programs (list here): _____

I found out about this seminar from:

Webpage Yellow pages
 Newsletter/flyer Friend who has taken this or other DRFRC seminars
 Dr. Miller Mr. Monroe Counselor
 Minister Lawyer Other

Please provide name(s) of referrer(s): _____

GOALS: You will benefit more from taking this seminar if you can identify and list your goals and reasons for taking this seminar. Please list on the back of this form and return this sheet to your facilitator or volunteer. Also keep a copy of the goals so you can refer to them while taking the seminar.