

# NO WHITE SPACES: THERAPEUTIC WRITING COACHING CLASS/SESSION REGISTRATION FORM

(Please Print)

Today's date:		PCP:	
PARTICIPANT INFORMATION			
Last name:	First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.
			Marital status (circle one) Single / Mar / Div / Sep / Wid
Is this your legal name?	If not, what is your legal name?		Age:
<input type="checkbox"/> Yes <input type="checkbox"/> No			Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:		Home phone no.:	
		(    )	
P.O. box:	City:	State:	ZIP Code:
Referred by (please check one box):			
<input type="checkbox"/> Website <input type="checkbox"/> Friend <input type="checkbox"/> Facebook <input type="checkbox"/> Brochure <input type="checkbox"/> Other			

GOALS
Writing experience level: (None required) <input type="checkbox"/> New to creative writing <input type="checkbox"/> I have in the past <input type="checkbox"/> I write on a regular basis
What are your primary goals in participating:
<input type="checkbox"/> New hobby <input type="checkbox"/> Overcoming past trauma <input type="checkbox"/> Coping with Loss <input type="checkbox"/> Coping with depression <input type="checkbox"/> Socializing <input type="checkbox"/> Self-discovery <input type="checkbox"/> PTSD <input type="checkbox"/> Other
If other, please specify:

IN CASE OF EMERGENCY (FOR MINORS)			
Emergency Contact Name	Relationship :	Contact no.:	Alt phone no.:
		(    )	(    )
I authorize my son/daughter to participate in No White Spaces: Therapeutic writing coaching group/individual classes.			
_____ <i>Patient/Guardian signature</i>		_____ <i>Date</i>	

I understand that by participating in an expressive/therapeutic writing that I will be bringing emotions and thoughts to light. This may be difficult to do in the early stages, but is imperative in order to work towards self-discovery. I understand that Angela M. Carter is not a medical doctor, nor does she claim to be, and is offering services as an individual that has found certain writing practices to be effective.

**Signature of Participant (Parental signature if minor):**

**Date Signed:**

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