Registration Form

Community Nedley Depression and Anxiety Recovery Program™

Intro Session Location: _____   Date: _____

Full Name: _____   Sex: ☐ Male   ☐ Female

_____   _____   _____   _____
Address   City   State   Zip

Email: _____   Phone: _____

Full Birthdate: (mm/dd/yyyy) _____   I have internet access at home: Yes / No

How did you learn of this program?   ☐ Social media   ☐ Flyer   ☐ Friend   ☐ Other: _____

Highest level of education completed:

☐ Grade school   ☐ Some high school   ☐ High school graduate   ☐ Trade school   ☐ Some college

☐ Associate degree   ☐ Bachelor's degree   ☐ Master's degree   ☐ Doctoral Degree

Occupation: _____   Religious Preference: _____   ☐ None

Have you previously been diagnosed with any mental disorders? (Check all that apply)

☐ Major depression   ☐ Generalized anxiety disorder   ☐ Obsessive compulsive disorder   ☐ Bipolar disorder

☐ Schizophrenia   ☐ Other psychological disorder (please specify) _____

Are you currently being treated by a physician?   ☐ Yes   ☐ No

Are you currently seeing a therapist or counselor?   ☐ Yes   ☐ No

Have you ever attempted suicide?   ☐ Yes   ☐ No   If yes, how long ago? _____

Are you considering suicide now?   ☐ Yes   ☐ No

What is the main reason you want to take this course?

☐ To improve my mental health   ☐ To better support a loved one

☐ To learn more about mental health   ☐ Other: _____

Please read the following statements and place initials on the line beside each statement to which you agree:

1. ____   I recognize this is a mental health education program and is not a therapeutic program and cannot substitute for physicians, professional counselors, or mental health providers.

2. ____   I understand that attending this educational program does not establish a physician-patient or therapist-client relationship and I will not make medication or treatment changes without consulting my healthcare practitioner.

3. ____   The community Nedley Depression and Anxiety Recovery Program™ is a unique educational program that teaches the causes of depression and anxiety. I understand that the program staff are providing an educational service only and I do not hold them responsible for my mental health and wellbeing.

Printed Name: _____

Signature: _____   Date: _____

In case of emergency, please provide a person you would like to have contacted:

Name: _____   Phone: _____   Relationship: _____

D O   N O T   W R I T E   B E L O W   T H I S   L I N E :
_____

Paid: _____   Payment Method: _____   Materials Received: _____   Initials: _____