

## REGISTRATION FOR ROSEN METHOD OPEN CENTER INTENSIVES

Name:

Mailing Address:

Email:

Telephone:

Date of Birth:

Who can we call in case of emergency?

Name:

Relationship:

Phone:

How did you first learn about Rosen Method?

When:

Where:

Teachers:

Have you received Rosen Method bodywork sessions?

If yes, how many?

Name of practitioner?

Have you received other forms of bodywork? Please specify:

Have you studied other forms of movement/dance? Please specify:

Do you have any experience with meditation?

Have you completed any human potential training or attended any consciousness or self-awareness program? Please specify:

What degrees and licenses do you hold?

Are you certified by a state approved massage school?

What is your purpose in taking this Rosen Method workshop/intensive/training?

PLEASE NOTE: YOUR ANSWERS TO THE FOLLOWING QUESTIONS ARE CONFIDENTIAL AND WILL BE SEEN ONLY BY THE TEACHER AND STAFF.

Have you been in psychotherapy? When?

What brought you to psychotherapy?

Are you currently in psychotherapy?

If yes, please advise your therapist that you are going to be attending a Rosen Method Intensive.

Have you ever been hospitalized for psychiatric care or mental illness, or has that been recommended by a mental health professional?

Have you ever seriously considered or attempted suicide?

If so, how many times? How long ago?

What help did you receive?

Do you feel suicidal now?

Have you ever been addicted to drugs or alcohol?

Have you ever been in a recovery program?

If so, please describe.

What is your family situation? (Married/partnered; children – ages?)

What support do you have in your life? (friends; work; etc)

Please evaluate your present emotional state.

Is there anything else we should know about your physical/mental health (Illnesses, injuries, accidents)?

What are your current medications?

**NB: Please refer to the website for our cancellation/refund policy.**

**NB: Attendance is required from the beginning to the end of the intensive.**

Signature

Date