



REPRODUCTIVE JOURNEY
— counseling and support —

Navigating Motherhood- Registration Form

Facilitated by: Janet Rhue Bell, MEd, LPCA, GCDF

Today's Date: _____

Your Name: _____ Date of Birth: __/__/__

Home Street Address: _____ Apt: _____

City: _____ State: _____ Zipcode: _____

Relationship Status: _____

Home Telephone Number: (____) _____ Work Telephone Number: (____) _____

Cell Phone Number: _(____) _____

You prefer to be contacted on which number (circle preference)?: Home Work Cell

Email address: _____ Email contact authorized: Y N

Current Household Members:

Name	Age	Relationship to You
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Contact Person: _____ Relationship to You: _____

Emergency Contact Phone Number: (____) _____ Alt. Phone Number: (____) _____

Have you received any counseling/therapy services in the past? ____ Yes ____ No

How did you hear about this group? _____

Group Rules:

I agree to work in this group. This means openly talking about my thoughts and feelings, honestly reporting my behaviors, and exchanging helpful feedback with other members.

I understand the leader is required by law to report any suspected child or elder abuse, or serious threats of harm to myself or another person, to the proper authorities. With full understanding of the need for confidentiality (that is, privacy) for all group members, I accept these rules:

- 1. I will not inform anyone outside of the group the names of group members, or in any other way allow someone not in the group to learn their names.*
- 2. There will be no recordings of these sessions.*
- 3. I will not tell anyone outside the group about any of the problems, history, issues or other facts presented by any group member.*
- 4. I understand and agree that if I break rules 1-3 without meaning to, or on purpose, I will be asked to leave the group.*

Participant Signature

Date

For Office Use Only:

Notes:

Admitted by: _____ Date: _____