

Family Recovery Journey: Registration Form

Name: _____

Phone #s: Home: _____ Cell: _____ Work: _____

Can we leave a message? Yes No

Email: _____

Who is the relative or friend?

Daughter	Sister	Friend	Friend or relative's age:
Son	Brother	Other (specify)	_____
Mother	Husband		
Father	Wife		

What is the diagnosis?

Psychosis	Major depression
Schizophrenia	Obsessive compulsive disorder
Schizo-affective disorder	Panic disorder
Bipolar disorder	Anxiety disorder
No diagnosis — please describe symptoms	

How long has the person shown the symptoms of the illness?

Will you be attending with other relatives (or friends)? Yes No

If yes, then with whom?

Name: _____

Name: _____

How did you hear about the course? (check all that apply)

Newsletter	Hospital
Referral by a family doctor	Someone I know (e.g. friend, family member)
Referral by a psychiatrist	Referral by a mental health professional
Website – which organization?	Media (newspaper, radio, TV)
Poster	Other (specify)
