

Application for UNDONE Fall 2023 Intensive

Name _____ Date _____

Email: _____ Phone: _____

Were you referred by your therapist/counselor? _____

TRAUMA THERAPY HISTORY

Date _____ Experience: _____

_____ Effective? Yes ___ No ___

Date _____ Experience: _____

_____ Effective? Yes ___ No ___

What are your expectations of the intensive (goals, purpose of attending, etc.)?

Leader Notes:

The intensive setting is not appropriate for those who have not engaged in previous trauma therapy. We are happy to refer you to someone near you for individual counsel if needed.

Approved to participate ____ Not approved to participate ____

Referred to individual therapist/counselor _____

Therapist/Counselor Name _____ Contact # _____

Signature Date