

BRINGING BABY HOME WORKSHOP REGISTRATION

(each partner must fill out a form; ie. two forms per couple)

1. Your Name: _____ Age: _____

Address: _____

City, State _____ Zip: _____

Phone(s): _____

2. Partner's Name: _____ Age: _____

3. Child(ren)'s Names: _____ Age: _____

_____ Age: _____

4. Are you pregnant? _____ 5. If yes, Baby's due date: _____

6. Who is your obstetrician? _____

Or midwife? _____

7. How long have you been together as a couple? _____

8. Are you married? _____ 9. If yes, how long? _____

10. What is your primary language? _____

11. How did you choose to attend the Bringing Baby Home Workshop? _____

12. Do you have any concerns about this workshop? _____ If yes, explain.

13. If there is any other information you want me to know about either of you, your relationship, or your child(ren), please include it here:

14. Are you currently living with your partner? _____

15. Has your partner been arrested, mandated to treatment or anger management classes or been convicted of assault or felony for domestic violence against you in the last year?

16. Has your partner been arrested, mandated to treatment or anger management classes or been convicted of assault or felony for violence against any other person in the last year? _____

17. Have you ever experienced unwanted physically aggressive contact with your partner?

18. Has your partner ever hurt you physically in any of the following ways: hitting, slapping, grabbing, biting, pulling, pushing, spitting on you, restraining you, etc.? _____

**If the answer is YES to questions 15-18, you are NOT appropriate for the BBH Workshop and may need referral to community resources. If so, please call.

19. Are you in treatment for depression? _____

20. Are you taking medication for depression? _____

21. Have you ever attempted suicide? _____

22. Have you ever planned a suicide attempt? _____

23. Are you currently thinking about suicide? _____

**If the answer is YES to questions 21-23, it will be important for me to speak with your doctor/therapist about the advisability of this workshop for you. I will need your signed consent to do so. Please call me.

24. Have you or your partner ever been diagnosed as having schizophrenia, bipolar disorder, or dissociative identity disorder? _____

** If the answer to this question is YES, I recommend that as an alternative to the workshop you see a licensed mental health professional for couples therapy with the goal of preparing to become parents. If you need referral sources, call me.

REGISTRATION DEADLINE IS ONE WEEK BEFORE YOUR FIRST SCHEDULED WORKSHOP DAY AND WILL BE REVIEWED ON A FIRST-COME/FIRST-SERVE BASIS. PLEASE INCLUDE PAYMENT BY CHECK OR MONEY ORDER WITH YOUR REGISTRATION. I WILL NOTIFY YOU UPON RECEIPT AND TO CONFIRM YOUR PLACE IN THE WORKSHOP. (Workshop fee is \$200.00 per couple)

CANCELLATIONS WILL BE REFUNDED IN FULL AT ANY TIME IF YOU GO INTO LABOR, ARE PUT ON BEDREST, HAVE A FAMILY EMERGENCY OR BECOME ILL. CANCELLATIONS FOR OTHER REASONS MUST BE RECEIVED TEN DAYS IN ADVANCE OF FIRST SCHEDULED WORKSHOP DAY IN ORDER TO BE REFUNDED, AND WILL BE REFUNDED IN FULL.

Mail both completed forms to:

Catherine McCall, MS, LMFT, CGE
PO Box 55639
Atlanta, GA 30308