

BROKEN TIES INTAKE FORM

DATE: _____

FIRST NAME: _____ LAST NAME: _____

HOW DID YOU HEAR ABOUT B.T.? _____

CELL #: _____ TEXT: (Y/N) WHATS APP (Y/N)

EMAIL: _____

LOCATION (STATE/COUNTRY): _____

ALIENATED FROM: _____ YEARS OF ALIENATION: _____

CHILDREN: (child, teenager, adult; how many) _____

GRANDCHILDREN: (child, teenager, adult; how many) _____

MARRIED (Y/N) DIVORCED (Y/N) WIDOWED (Y/N) SECOND MARRIAGE (Y/N)

WHO IS/WAS THE ALIENATOR? (Spouse/In-Law/Therapist/Rav/School/Other)

TEHILLIM NAME: _____ SPOUSE TEHILLIM NAME: _____

SEND EMAILS TO SPOUSE? (Y/N) EMAIL ADDRESS: _____

ADDITIONAL COMMENTS:

In order to become a member of Broken Ties - fill out the attached form and email to Brokenties3@gmail.com