



REGISTRATION INFORMATION

Time: Wednesdays, 6-7:30 pm

Session Dates: August 7 to September 25, 2019

Location: Kim Kriesel Home Office
868 E. Clovefield Street | Gilbert, AZ 85298

*Please return via fax 480.240.5890 or email: kimk@wellmamas.net

Name

First _____ Last _____ Age _____

Address _____

City _____ State _____ Zip code _____

Cell Phone _____

Email _____

Emergency Contact _____ Phone _____

Social Information

Work/Career _____ Hobbies/Interests _____

Spouse/Partner _____ How long together? _____

Children/age/names _____

Reproductive History

Months/Years working toward pregnancy _____

Miscarriage/gestational age _____ Stillbirth/gestational age _____

OB/Gyn _____ Reproductive Endocrinologist _____

Surgeries Related to Reproductive Health _____

Fertility Medications _____

IUI _____ IVF _____



PAYMENT INFORMATION

Cost: \$300 for the 8-week therapeutic support group

I understand that Well Mamas Counseling will charge my credit card or mobile payment service (i.e. Venmo, IVY, Zelle, etc.) for one of the following:

- ☐ \$300—One-Time Fee for 8-week support group starting August 7, 2019

Name as it appears on card/account_____

Phone Number_____

Email Address_____

Debit/Credit Card # _____

Exp. Date_____ CVV Code_____

Billing Address_____

City_____ State_____ Zip_____

Signature_____

A COUPLE QUESTIONS?

Tell me a little bit about what you would like to experience or get out of this group?

What do you perceive as your strengths?

What are your biggest areas of struggle/distress?

How did you hear about this group?