

## To Be Filled Out by the Client

Name of Your Primary Therapist: \_\_\_\_\_

Contact Information for Your Primary Therapist: \_\_\_\_\_

By signing here, you agree that we may reach out to your primary therapist to discuss your readiness for Seeking Integrity's Empowered Women Retreat

Electronic Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## To Be Filled Out by the Client's Primary Therapist

Dear Therapist

Your client who has presented you with this form has applied to attend Seeking Integrity's Empowered Women's Retreat, a weekend haven for women healing from past relationship betrayal. At the retreat, we will:

- Provide group trauma and anger release experiences.
- Conduct boundaries and trust workshops.
- Explore healthy sexuality and how to move forward after betrayal.

Before we accept your client into the Retreat, we would like to ask a few questions about your client's readiness.

How long have you been working with this client? \_\_\_\_\_

What is the client's main focus in therapy? \_\_\_\_\_

\_\_\_\_\_

Are there any areas where your client is stuck and would benefit from intense focus?

\_\_\_\_\_

\_\_\_\_\_

Are there any concerns/sensitivities that our retreat staff should be aware of? \_\_\_\_\_

\_\_\_\_\_

Does your client have a history of her own addictions? \_\_\_\_\_

Does the client have a history of suicidal ideation, homicidal ideation, or self-harm?

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Is your client appropriate for intense work in a retreat setting? \_\_\_\_\_

Do you believe your client would benefit from this retreat? \_\_\_\_\_

**Therapist: Please email your responses to [Emma@SeekingIntegrity.com](mailto:Emma@SeekingIntegrity.com). We will not be sharing your responses with your client, though you may choose to do so.**