



Ex-Member Recovery Contact Form

Fields marked with an * are required

First Name *

Last Name *

Phone *

Email *

Age *

Sex *

State

How did you hear about us?

Name of controlling group/individual

Briefly describe your relevant personal history.

Which family and friends are still involved?

List therapists and support groups you have worked with.

List any helpful books, podcasts, websites, TV shows, movies, and documentaries:

- Please check the issues you are currently dealing with.
- Extreme Identity Confusion
- Dissociative States
- Having unwanted triggers
- Panic and Anxiety attacks
- Anger
- Guilt and Shame
- Sexual Dysfunction
- Eating Disorders
- Sleep Disorders / Nightmares
- Depression
- Post-Traumatic Stress Disorder (PTSD)
- Psychosomatic Symptoms (headaches, asthma, skin problems...)
- Grieving Loss of Friends and Family
- Fear and Phobias
- Issues with Decision-Making and Dependency
- Distrust of self and others
- Feeling spiritually violated
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- Harassment and Threats

Is there anything else we should know?

Thank you

Return to: Center@freedomofmind.com or fax to: 617.628.8153