



## Helping a Loved One Contact Form

Fields marked with an \* are required

Your Name

Your Email Address \*

Your Phone Number \*

Your State \*

Your Country \*

How did you hear about us? \*

Name of Controlling Individual or Group\*

Who are you concerned about?\*

How are you related to them? \*

What is their sex?

What is their age?\*

What were their previous hobbies, interests, and career goals?\*

What is their religious background?

Please list and describe immediate family members.

Please describe their health (physical, mental, emotional, social).

List any Therapists:

What are the reasons your loved one has given for becoming involved with the controlling group/individual?

What doubts have they expressed, and to whom?

Who is willing to help (friends, family...)?

What actions have you taken until now?

What are your plans for the future?

Is there anything else we should know?

Return to: [Center@freedomofmind.com](mailto:Center@freedomofmind.com) or fax to: 617.628.8153