



Last Name: _____

Partners on the Journey Application

Date: _____ Session start date? _____

Name: _____ Birthdate _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (home) _____ (work) _____

Cell phone _____ E-mail _____

Emergency contact: _____

Check appropriate boxes: Single Married Separated Divorced

Do you have children? No Yes How many? _____

Are you a Christian? _____ For how long? _____

Current church affiliation: _____

• What brings you to this program?

• Do you believe your husband is addicted to sexual behaviors? Yes No I'm not sure

What makes you think so?: _____

• Has he ever sought help for this issue from a counselor, recovery group, or support group? Yes No

If so, when and with whom? _____

• When/how did you first realize that pornography, affairs, or other compulsive sexual behaviors were becoming a problem in your marriage?

(over)

- Have YOU attended any sort of support group relating to this issue in the past? Yes No

If so, please explain your experience: _____

- Are YOU currently receiving ongoing pastoral or professional counseling? Yes No

If so, are you willing to sign a "release of information" form to coordinate therapy and this group? Yes No

- Describe the people in your life who know about your struggles and are supportive to you in your situation:

- What, if anything, about your husband's sexual behaviors or recovery is currently most concerning to you?

- Do you still have hope for your marriage? Yes No I'm not sure

- Do you have any specific questions or topics that you hope will be covered in this group? If so, what are they?

**Group size is limited. To reserve a spot, please return application as soon as possible to:
Janet Wheeler, 2106 Utter St., Bellingham, WA 98225**