



The Time is Always Now Therapy Group
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Who Invited the Eating Disorder?

Free Holiday Workshop Registration Questionnaire

1. Your contact information

Name:

Address:

Email:

Phone Number:

2. Age of your child:

3. Child's diagnosis:

4. Treatments your child has received:

5. How did you hear about the workshop?

6. What is one question that you have for me? I will try and answer as many questions as possible during the workshop.