Group Intake Information

Date: _____

Name(s): _____ Group Name: _____

Address: _____City: _____Zip: _____

Primary Phone number :_____ ☐ Cell ☐ Home OK to leave msg? ☐ Yes ☐ No

Primary Email address _____ OK for paperwork and/or correspondence? ☐ Yes ☐ No

Race/Ethnicity ☐ Caucasian ☐ Native American ☐ Latin or Spanish ☐ Asian ☐ African American ☐ Multiracial

☐ Other _____

Language spoke in the home other than English _____

Children in the house (include biological, adopted, foster, step, etc)

Name	Sex	Age	Type (bio,step,etc.)	Custody?
_____	_____	_____	_____	☐ Yes ☐ No
_____	_____	_____	_____	☐ Yes ☐ No
_____	_____	_____	_____	☐ Yes ☐ No
_____	_____	_____	_____	☐ Yes ☐ No

1. Please check any of the reasons listed below which resulted in your search for group therapy

☐ Depression or Anxiety
☐ Alcohol or other substance use
☐ Anger
☐ Thinking of harming self or others
☐ Abuse (physical/verbal/sexual)
☐ Communication Difficulties
☐ Marital Problems
☐ Divorce/Blended families
☐ Parenting
☐ Low Self Esteem/self-worth
☐ Family conflict
☐ Difficulty with loss or death
☐ School learning difficulties
☐ Child Adjustment/parent conflict
☐ School Adjustment problems
☐ Intimacy
☐ Relationship Enhancement
☐ Pre-marital Counseling
☐ Sexual Orientation Questions
☐ _____

2. Please explain what you are hoping to achieve with this workshop:

_____

_____

_____

3. How would you know if things were getting better?

_____

_____

_____

4. How were you referred to group? _____

5. Person to contact in case of an emergency:

Name _____ Phone _____

_____ _____

Patient Signature Date

_____ _____

Therapist Signature Date

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