

GROUP PARTICIPANT INTAKE FORM

Name: _____

Occupation: _____

Contact Phone: (_____) _____ - _____

Email: _____

(Please print email clearly)

May We Leave a VM or Txt Message?

Yes – Phone Number: (_____) _____ - _____

No

Have you ever attended a Drop-In or Closed group before?

Yes

No

Are you currently experiencing overwhelming sadness, grief, or depression?

Yes

No

If yes, for approximately how long? _____

Are you currently experiencing anxiety, panic attacks, or do you have any phobias?

Yes

No

If yes, when did you begin experiencing this? _____

Please briefly describe any major losses or traumas you have experienced:

What significant life changes or stressful events have you experienced recently?

Family History

Where were you born? _____

Where did you grow up? _____

Whom did you live with growing up? _____

Mother's occupation? _____

Father's occupation? _____

In the section below, identify if there is a family history of any of the following. If yes, please indicate the family member's relationship to you in the space provided (father, grandmother, uncle, etc.).

Condition	Please circle	List Family Member
Alcohol/Substance Abuse	Y / N	
Anxiety	Y / N	
Depression	Y / N	
Domestic Violence	Y / N	
Sexual Abuse	Y / N	
Eating Disorders	Y / N	
Suicide Attempts	Y / N	
Other diagnosed mental health condition	Y / N	

Marital Status:

___ Single; ___ Domestic Partner; ___ Married; ___ Separated; ___ Widowed; ___ Divorced

Are there any health problems you are currently experiencing?

How would you rate your current sleeping habits?

Poor

Satisfactory

Good

Do you consider yourself to be a spiritual or religious? If yes, please describe your faith or belief:

What do you enjoy doing in your free time? What do you do to relax?

Expectations of group; i.e. what do you hope to get out of attending?

Emergency Contact:

Name: _____ Relationship: _____

Phone Number: (_____) _____ - _____

Please print, complete, and email back as an attachment to info@mpathowellbeing.com. You will be contacted to set up a brief 15-minute phone interview to go over any questions you may have and to see if this group experience is right for you.

Signature: _____

Date: _____