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Group Therapy Client Information Form

As part of beginning the therapy process, please take a few minutes to complete the Group Therapy Client Information Form. This information will help your therapist better understand your therapeutic needs, and will help us both find solutions to the situations that are creating difficulties.

Date: _____

Name_____ Pronouns_____

Date of Birth_____ Telephone number _____

Mailing address_____

Name and telephone number of emergency contact: _____

Sources of Stress: What are the primary issues for which you are seeking group therapy?

1._____

2._____

3._____

Do you have any particular concerns or fears regarding group therapy?

1._____

2._____

3._____

What are your goals for group therapy?

1._____

2._____

3._____