**Therapy Group Intake form**

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| **Date**: |

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| **Client Name**: | DOB: | Gender: |

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| --- | --- |
| **Client Address** | Contact Numbers:  Email: |
| **Occupation:**  **Current Employment:** | |

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| **Please list any services or professionals you are currently working with:** |

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| **Previous individual therapy experience:**  **Please write a brief statement about why you are interested in being a part of a group and what you hope to gain:** |

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| **Any significant complex mental health issues (include history):**  **Have you ever been given a formal diagnosis?**  **If diagnosed, have you received treatment for the diagnosis?**  **Have you ever felt at risk of harming yourself?** |

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| **Group I would like to attend** | Therapy Group  Oct-Dec 2017 | Men’s Group  May-June 2018 | Therapy Group  October-Dec 2018 |  |

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| Assessment of Suitability: |

**Acceptance into the group**

**If I am accepted into the therapy group I understand that I am committing to attend all of the sessions and will make full payment regardless of any absences.**

Upon acceptance into the therapy group I will pay a deposit of $240, on receipt of invoice, to confirm my place in the group.

Signed: ………………………………………………………………………………………………………………………………….

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| Outcome: |

**What happens next?**

1. Your application will be received and held at ConnectGround
2. Once you nominate your interest in a group you will be invited to a pre-group interview with the facilitator
3. On acceptance to the group you will be contacted by our Office Manager regarding payment for the group

Please feel welcome to contact me if you have any questions

Regards

Carolyn Stewart

Manager Clinical Services

Connect Ground

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