**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 receiving support from:** |

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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** | Living Well Therapy Group  Oct 2nd-Dec 11th |  |  |  |

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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 $225, 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 contacted and invited to come to a pre-group interview
3. On being accepted into the group you will be invoiced for a deposit by our Office Manager. Full payment of the outstanding amount is required prior to commencement of 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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