

GROUP INFORMATION SHEET

Due to the different dynamics and needs of group therapy, this information sheet asks more questions than the standard sheet.

NAME: _____ Date of Intake: _____

For the categories below, please elaborate if you answer yes to any prompt.

Religious, spiritual or other cultural factors of importance: Yes No

Developmental History (delays, challenges?): Yes No

Medical conditions and history: Yes No

Substance Use/Abuse: Yes No

Legal History: Yes No

For the categories below, please provide a brief listing.

Hobbies/Leisure Activities:

Educational/Vocational History:

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Current social and community supports:

Relationships of Importance:

Family Psychiatric History:

Individual Past Psychiatric History:

Trauma History:

Present Problems You Would Like to Target In Group:

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GROUP AGREEMENT

In order to facilitate an environment that will allow for growth with ERP skills, the following agreement is required:

1. At all times, each member will speak to and about each other with kindness and respect.
2. Each member will do their best to be on time and to remain in the room throughout the session so as not to create too much distraction or to take away from group activities.
3. Each member will be mindful of taking their share of the time. This includes both being mindful of speaking more than our share and less than our share.
4. Each member will consider emotional and physical safety a priority. No member will be allowed in group if they are actively using drugs, drunk, or actively suicidal. If asked to leave, they will be allowed back once the crisis has passed.
5. What is said in this group will remain in this group. No member will share the names of those in this group with others outside of this group under any circumstances. No outside discussion relating to what happens in this group is allowed
6. Distractions will be best kept at a minimum. Cell phones will be kept on silent or vibrate. If a phone must be used, utmost care will be taken not to disturb the group process.
7. Each member commits to completing and sharing the homework regularly.
8. Group members will let the group know (via the facilitator) when they will be absent from group.

I have read, understood, and am in support of the above agreement.

X _____
 Client Signature

 Date

X _____
 Parent / Caregiver Signature (for clients younger than 14)

 Date

 Therapist Signature

 Date