

MINDFUL AWAKENING, PLLC

Kate Gotelli, LCSW, SEP

mindfulawakening108.com

(919) 960-1088

CLIENT INFORMATION FORM FOR:

DARING WOMEN 8-WEEK EVENING GROUP  GIFTS OF IMPERFECTION 8-WEEK EVENING GROUP  
 RISING WOMEN 8-WEEK EVENING GROUP  2-DAY INTENSIVE: \_\_\_ RISING STRONG™ \_\_\_ DARING WAY™

Name \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Working Outside the Home? Yes – F/T \_\_\_ P/T \_\_\_; No \_\_\_

Marital Status (Circle one): Single Partnered Married Separated Divorced Widowed

Do you have children? Yes \_\_\_ No \_\_\_ Number of Children: \_\_\_\_\_ Ages of Children: \_\_\_\_\_

Who lives in your home? \_\_\_\_\_

Home address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ OK to leave messages? \_\_\_y \_\_\_n

Email address: \_\_\_\_\_ OK to send non-clinical email message? \_\_\_y \_\_\_n

How did you hear about the group? \_\_\_\_\_

Have you ever seen a mental health professional (psychiatrist, psychologist, marriage and family therapist, social worker, counselor)? \_\_\_ Yes \_\_\_ No If yes, when? Please briefly list the reasons.

Do you have a therapist you could work with if something came up in the group requiring individual attention? \_\_\_ Y \_\_\_ N If not, would you like referrals to therapists? \_\_\_ Y \_\_\_ N

Are you currently taking any medication for mental health issues? \_\_\_ Y \_\_\_ N Any medications that could impede your participation? If yes to either, please explain:

Are you in recovery from substance or alcohol abuse? If so, how long have you been sober? Please provide a brief description of the treatment and support you receive for maintaining sobriety?

Do you have a history of eating disorders or disordered eating? \_\_\_ Y \_\_\_ N If so, are you actively engaging in any of those behaviors at this time? \_\_\_ Y \_\_\_ N Please provide information on the support and treatment you have received or are receiving:

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Have you experienced distressing life events (trauma, loss, etc.) that have significantly impacted your functioning and quality of life? \_\_\_\_ Y \_\_\_\_ N If so, please provide information about how you have addressed these issues.

What sparked your interest in joining a Gifts of Imperfection™ or Daring Way™ or Rising Strong™ group?

What would you like to accomplish as a result of attending the group?

What previous experience have you had, if any, with group therapy or a support group? Please list dates and the name of the group.

What worked well for you?

What difficulties did you have, if any?

What concerns, if any, do you have about participating in group?

How would you respond as a group member if someone in the group dominated the discussion?

How would you respond as a group member if someone never participated in the group discussion?

What else would you like me to know about you?

Thank you so much for providing this information! Kate will review your information, follow up with you to discuss group placement, and, if you have not previously worked with her, schedule a pre-group screening.