

MINDFUL AWAKENING, PLLC

Kate Gotelli, LCSW, SEP, CDWF

GROUP PARTICIPANT INFORMATION FORM

CHECK ONE (1): DARING WAY™ RISING STRONG™

CHECK ONE (1): 8-WEEK EVENING GROUP GRADUATE GROUP

Name _____ Date: _____

Age: _____ DOB: _____ Gender: _____ Preferred Pronouns: _____

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

Secondary Phone: _____ OK to leave messages? y n

Email address: _____ OK to send general email message? y n

How did you hear about the group? _____

The Daring Way™ and Rising Strong™ program can illicit personal emotions. Emotional health issues are not necessarily a barrier to successful completion of the Daring Way™ and Rising Strong™ workshop. Communicating emotional health issues is important to allow for the most effective coaching/consultation.

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 and if you have ever been diagnosed with a mental health condition.

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

Is there anything else you would like to share regarding your emotional health?

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?

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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:

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 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?

PLEASE SCAN OR TAKE A PHOTO OF YOUR COMPLETED FORM AND EMAIL TO: MINDFULAWAKENING108@GMAIL.COM

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-registration phone appointment.

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