



## Group/Workshop Enrollment Questionnaire

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

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

Which group do you want to attend? *Note: If there is more than one option please indicate your order of preference. Groups/Workshops will begin September 11, 2018 and will run for 10 weeks.*

Tuesdays 6:00-7:00pm Adolescent Eating Disorder Workshop \_\_\_\_\_

Tuesdays 7:00-8:00pm Adult Eating Disorder Workshop \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer/School: \_\_\_\_\_

Marital Status: \_\_\_ Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Widow(er) \_\_\_ Separated \_\_\_ Partnered

Do you have children? \_\_\_ Yes \_\_\_ No

If Yes, names and ages: \_\_\_\_\_

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

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

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

OK to leave messages- Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Email address: \_\_\_\_\_



Have you ever seen a mental health professional? (Psychiatrist, psychologist, counselor, social worker)  
\_\_\_\_\_ If so, 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? \_\_\_\_\_ If not, would you like referrals to therapists? \_\_\_\_\_

Are you currently taking medication for mental health issues? \_\_\_\_\_

Any other medications? \_\_\_\_\_

Do you have a history of substance or alcohol abuse? \_\_\_\_\_

Are you currently struggling with an eating disorder? Please explain if so; please provide information on the support and treatment received: \_\_\_\_\_

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

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What sparked your interest in this group/workshop \_\_\_\_\_

What would you like to accomplish as a result of attending this group/workshop?  
\_\_\_\_\_

What previous experience have you had, if any with group therapy or a workshop? Please list the dates and name of the group attended: \_\_\_\_\_

What worked well for you? \_\_\_\_\_

What difficulties did you have if any? \_\_\_\_\_

What concerns, if any do you have about participating in a group or workshop? \_\_\_\_\_



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

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

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What else would you like us to know about you? \_\_\_\_\_

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What is the best way to follow up with you? \_\_\_\_\_

Thank you for providing this information!

Empower Counseling, PC

