

# Group Inquiry & Intake Form

mytherapygroups.com

My Therapy Groups · Provider Resource

Use this form with prospective group members. Fill out together or send in advance of the first session.

## PROSPECTIVE MEMBER INFORMATION

Full name: \_\_\_\_\_

Preferred name / pronouns: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Referral source (therapist, friend, web search, etc.): \_\_\_\_\_

## ABOUT THE GROUP BEING CONSIDERED

Group name: \_\_\_\_\_

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

## CURRENT SUPPORT & GOALS

Are you currently working with a therapist or other mental health provider?

Yes  No  I'm on a waitlist

**What brings you to this group? What are you hoping to get from it?**

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**Is there anything you'd like the group leader to know before your first session?**

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## LOGISTICS & SCHEDULING

Have you reviewed the group schedule, cost, and format?

Yes — ready to join  I have questions first

Any scheduling conflicts or accessibility needs we should know about: \_\_\_\_\_

## INFORMED CONSENT (ABBREVIATED)