DBT Group
Intake Information

A. Identification:

1. Name: _____ Birthdate: _____

Address: _____

Phone: _____ Email: _____

Person(s) completing this form: _____ Today's date: _____

B. Payment Information:

Person responsible for Payment: _____ Birthdate:_____

Address: _____

Phone: _____ Email: _____

Primary Insurance Carrier: _____ Policy: _____

Name of subscriber: _____

Identification/agreement/policy #: _____Group or enrollment #: _____

Effective date: _____ Copayment or coinsurance for group psychotherapy: _____

C. Chief concern

1. Please describe the main concern you are hoping the group will help with addressing:

_____

_____

_____

_____

2. How long have you been worried about this concern? _____

3. What would be the primary goal? _____

C. Religious and racial/ethnic identification

Current religious denomination/affiliation ❑ Protestant ❑ Catholic ❑ Jewish ❑ Islamic ❑ Buddhist ❑ Hindu

Other (specify): _____

Involvement: ❑ None ❑ Some/irregular ❑ Active

How important are spiritual concerns in your life?

_____

Which (if any) church, synagogue, temple, or meeting are you involved with? _____

Ethnicity/national origin: _____ Race: _____ or other similar ways you identify yourself and consider important: _____

D. Health

1. Current Physician: _____ Telephone: _____

Address: _____

2. Current Therapist : _____ Telephone: _____

Address: _____

Diagnosis: _____

3. Past/ Current Medications

Medication	Dosage	Still taking the medication?	Reason

E. Drugs/Alcohol

Does the person attending the group use drugs or alcohol? ❑ Yes ❑ No
If yes, explain usage, length of time and drug(s) of choice:

F. Other

Is there anything else I should know that does not appear on this or other forms, but that is or might be important?

_____

_____

J. Emergency information

If some kind of emergency arises and I cannot reach you directly, or need to reach someone close to you, whom should I call?
Name: _____ Phone: _____ Relationship: _____

Address: _____

This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.

To be filled out by the person attending the group

Name _____

Where do you currently attend school? _____ Grade _____

What do you enjoy doing after school and on weekends?

Have you ever attended a group counseling session before? Yes No

If yes, how would you rate your experience? (please circle)
Very Good Good Undecided Bad Very Bad

Do you want to attend this group? Yes No

What would you like to learn from this group?

Do you have any concerns that you would like us to know?