

A Space for Your Soul to Breathe

Therapy Student, Trainee, + Intern Process Group

Date: _____

Name: _____

Which group do you want to attend? *Note: If there is more than one option, please indicate your order of preference.*

Monday 9-11:45AM _____ 1-2:45PM _____

Friday 1-2:45PM _____

Age: _____ **DOB:** _____

Occupation: _____

Employer/School: _____

Marital Status: ___ Single ___ Married ___ Divorced ___ Widow(er)
___ Separated ___ Partnered ___ Remarried

Do you have children? ___ Yes ___ No

If yes, names & ages: _____

Who lives in your home? _____

Home address: _____

Potentia Family Therapy, Inc.
3160 Camino del Rio S #304
San Diego, CA 92108
Phone: 619.819.0283 Fax: 619.819.0284

www.potentiatherapy.com

Primary Phone _____ **Secondary Phone** _____

OK to leave messages – Primary Phone y n Secondary y n

E-mail address: _____

Would you like to be included on the Potentia e-mail list? Yes No

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? _____

If not, would you like referrals to therapists? _____

Are you currently taking any medication for mental health issues? Y N

Any other medications? If yes, 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? If so, please provide information on the support and treatment you 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 about how you have addressed these issues. _____

What sparked your interest in this 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 a therapy 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? _____

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What else would you like us to know about you? _____

What is the best way to follow up with you? _____

Thank you so much for providing this information! Please save and send this form to Rebecca Bass-Ching, LMFT, MFC #44584 (rbass@potentiatherapy.com), who will follow up with you to discuss group placement and, if you have not previously worked with Rebecca or someone at Potentia, to schedule a pre-group session.

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