

## Anxiety & Me Group

Anxiety & Me is a series of psychoeducational sessions where skills are learned and practiced that also include a processing component where cognitions and behaviors in specific situations are deconstructed and reconstructed in the group setting. Written work is also a part of the group and is completed outside the group setting and discussed inside the group.

Group is held on designated Thursdays from 6:30 pm – 8pm (dates available via email).

NOTE: This is an open, rolling group, meaning that new people may enter the group at some point during the six sessions and others may leave as they complete their six sessions. Pre-registration is required. Group size is limited to no less than 3 – no more than 6. Therefore, a firm commitment to attend all six sessions is required.

6 sessions/\$40 per session/\$240 for all six sessions; 10% discount if paid in full in advance.

\*For more information and/or to sign up contact Karen at 480.331.1813 or email [karen@believeinyourtruth.com](mailto:karen@believeinyourtruth.com)

## Anxiety & Me Registration Packet

**Please complete and upload via the Portal prior to the first session. Additional forms will also be required to be completed prior to attending the first group session.**

To use this fill-in form click on the field and TAB to the next field.

|  |   |
|--|---|
| Client Name:   | First Name Last Name  |
| Preferred name:  | Preferred Name  |
| Preferred gender pronoun: she/her, he/him, they/them, it, etc.                               | Preferred gender pronoun  |
| Date of Birth  | Enter date of birth   |
| Address:   | Street Apt #City, State00000                                      |
| Home Phone Number:   | 0000000000  |
| -----Do I have your permission to leave a voice message at your home?                        | Yes or No   |
| Cell Phone Number:   | 0000000000  |
| -----Do I have your permission to leave a voice message at your cell?                        | Yes or No   |
| -----Do I have your permission to send a text message at your cell?                          | Yes or No   |
| E-Mail Address:  | e-mail address  |
| Do I have your permission to send you an e-mail?   | Yes or No   |
| Emergency Contact (name/relationship/number):  | Full name/relationship/10 digit phone number of emergency contact |
| Current Counselor/Therapist ( <u>complete ROI if currently in individual therapy</u> )       | Primary Care Physician and phone number                           |
| Primary Care Physician/Phone:  | Primary Care Physician and phone number                           |
| Psychiatric Prescriber/phone:  | Psychiatrist phone number   |
| Medication(s) currently taking (including non-prescription and supplements):                 | List all and separate with a comma or period.                     |
| How did you hear of us?  | How did you hear of us?   |
| Signature: (if printing. if uploading an electronic signature opportunity will be provided.) | Date:MM/DD/YEAR   |

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### INFORMED CONSENT: MACRO COMMUNITY

| Type                           | Definition  | Examples  |
|--------------------------------|---|---|
| Business Transactions          | client-owned or client-employed businesses          | grocery store, gas station, bank, farm implement store, telephone and electrical companies  |
| Community committees or clubs  | worker-client joint affiliation and memberships     | Parent Teacher Association (PTA), Gardening and Quilting Clubs, 4-H, Rotary Club, Special Interest Groups, and Non-Profit Organizations |
| Community events               | community-wide participatory activities             | fund raisers, parades, celebrations, dances, and dinners  |
| Social events                  | activity attendance that supports community members | athletic events, weddings, anniversaries, funerals, sporting events, hunting and fishing activities                                     |
| Residence location             | geographical proximity between client and worker    | same neighborhood   |
| Organizational location        | attendance at the same organizations                | schools, hospitals, and places of worship   |
| Social and friendship networks | mutual worker-client social networks                | spouses/partners, children, relatives, and friends  |
| Incidental occurrences         | addressing each other in public places              | greetings on the sidewalk   |

I understand the possibility for potential Boundary-Crossing is increased between me and a group or BCS staff member within a particular macro-community. Given this information, I hereby agree to participate in psychotherapeutic services at Believe Counseling Services.

Printed name |

Signature: (if uploading an electronic signature opportunity will be provided.) Date:MM/DD/YEAR