

Anxiety & Me

Group Series Start Dates

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.

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 start date and session dates below. Group is held on Thursdays from 6:30 pm – 8:00 pm

start March 12, 2020 – last session April 23, 2020. (the six sessions are listed in the chart below)

March 2020	April 2020
+++++	+++++
12 th	9 th
19 th	16 th
26 th	23 rd
+++++	+++++

***Additional dates coming soon. ***

Anxiety & Me Group is held on Thursdays from 6:30 pm – 8pm (dates listed above).

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 Theresa at 602.574.6544 or email theresa@believeinyourtruth.com or karen@believeinyourtruth.com

Anxiety & Me Registration Packet

Please complete and upload via the Portal prior to the first 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