

# Mithrah Holistic Services ABN: 428 943 834 92

Web: [WWW.mithrah.com](http://WWW.mithrah.com) Email: Contact@mithrah.com

## Mithrah - Group therapy form: Community group therapy

### Client Information

First name:

Last name:

Gender:

Date of birth:

Home phone number:

Cell phone number:

Email address:

Address:

City:

State:

Pin:

Country:

### Mental Health History

Are you currently in individual therapy?

Yes

No

If yes, who is your therapist? Have you received any mental health diagnoses?

Are you taking any psychiatric medications?

Yes

No

Please list the medications you are taking and for what conditions. Include the dosage and amounts.

Do you have a history of substance abuse (alcohol, drugs)? If so, please explain.

Anything important you want to mention:

**GP and overall physical wellness details:**

RATE YOUR CURRENT PHYSICAL HEALTH: POOR \_\_\_\_\_ FAIR \_\_\_\_\_ GOOD \_\_\_\_\_  
EXCELLENT \_\_\_\_\_

IF YOU CURRENTLY HAVE A GP, WHO?

\_\_\_\_\_

WHERE?

\_\_\_\_\_  
\_\_\_\_\_

LIST ANY MEDICATIONS YOU ARE CURRENTLY TAKING for physical wellness including over-the-counter medication and multi-vitamin tablets :

\_\_\_\_\_

Are you covered by Insurance or any rebates? Provide the details below.

**SOCIAL SUPPORT**

SIGNIFICANT PEOPLE IN YOUR LIFE: (PLEASE SPECIFY RELATIONSHIP--spouse, partner, friend, sibling, parent, guardian, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GOALS, INTENTIONS AND EXPECTATIONS**

PLEASE SUMMARIZE YOUR SPECIFIC GOALS AND EXPECTATIONS FOR THIS GROUP (Use other side if needed.)

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\_\_\_\_\_

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**Additional questions**

Are you okay with mixed-gender groups? Yes            No

Do you speak English? Yes            No

would you need an interpreter to communicate in English service? Yes            NO

Are you okay with mixed community/religious/spiritual member groups?

What is your interest in group therapy at this time?

What do you hope to get out of the group?

How did you hear about the group? Who referred you?

The group will meet on Saturday from 3pm to 5pm. Are you available during this time?

Yes            No

Any other preferred day and time:

**Privacy and confidentiality within closed group therapy sessions**

All information exchanged within the group during therapy stays within the group. You do not have to share any extremely private information that you do not want to discuss in groups. Please be

advised that the therapist cannot give any guarantee as to what the members of the group will do with the information exchanged though all members are required to maintain the privacy and confidentiality of the group and group members. In group sessions, the liability of what is discussed in the group lies with all the members. The therapist will facilitate the group ensuring harmony and collaboration among all group members.

**Privacy and confidentiality within open space group therapy sessions**

Some group therapy/therapeutic sessions will be conducted in public places such as parks, recreational areas, retreat areas, and community halls. Private information and sensitive information that members do not want the public to know should not be discussed in those sessions. The idea behind open space group therapy sessions is to master the art of community and social living. Participants can discuss their concerns with the therapists. The therapist will facilitate the group ensuring harmony and collaboration among all group members.

**Group Therapy:** Community group therapy to manage and control mental health issues such as stress, anxiety and depression

**Session fee:** \$50      **Bulk discount for 5 sessions:** \$225 for five sessions, must be paid in full in advance

I agree to the policies and procedures of the group therapy session. I also understand no refund will be made once the session begins.

Client's Signature.....

Date.....

Client's full name.....