



Chicago Christian Counseling Center

Main Office/Mailing Address:

15127 S 73rd Avenue, Suite G, Orland Park, IL 60462

www.chicagochristiancounseling.org

Please fax or email completed form to:

Fax: (708) 845 5505 | Email: info@chicagochristiancounseling.org

GROUP ADMISSION FORM

Name of group: _____ Start Date of Group: _____

Please Print

First Name _____ Last Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Phone H W C _____ Email _____

I would like an email reminder of the first group session. I would like to receive emailed articles on mental health 6x/year.

DOB _____ Age _____ Male Female Ethnic Background _____

Marital Status S M Sep D W Religious Preference _____

Referral Source _____

In case of emergency, notify: _____

Phone: _____ Relationship: _____

Living Arrangements:

Alone With Parents With Spouse Children With Friends Other _____

Education: Student in Education /Training Yes _____ No _____

G.E.D. HS Bachelors Masters

Employment Status: Occupation: _____

Full time Part time Unemployed Fired Laid off

WHY DO YOU WANT TO ATTEND THIS GROUP?

WHAT PERSONAL GOALS DO YOU HOPE TO ACHIEVE IN THE GROUP?

GROUP EXPERIENCE: Is this your first group experience? Yes _____ No _____ * If "No",

What was the group called and what was it for? _____

How many sessions did it entail? _____ How many sessions did you attend? _____

Did you find it helpful? Yes _____ No _____ Why? _____

What did you appreciate and dislike about the sessions?

What did you appreciate and dislike about the leader?



GROUP ADMISSION FORM

Please check:

Alcohol Use: Never 1-4 times per month 2-3 per week Daily How Long? _____

Level of Consumption: 1-2 drinks per sitting 3-4 drinks per sitting 5 drinks or more per sitting

Intoxication Frequency: Never 1-4 times per month 2-3 per week Daily

Drug Use: None Marijuana Sedatives Stimulants Cocaine/Opiates Hallucinogenic

Drug Use Frequency: Never 1-4 times per month 2-3 per week Daily

Do you or anyone in your family have a history of alcohol or chemical abuse?

Have you ever been arrested? No Yes If yes, when and why?

ARE YOU CURRENTLY ON ANY MEDICATIONS: (please list medication(s) and for what reason you are taking them)

PLEASE WRITE A BRIEF DESCRIPTION OF YOURSELF:

IN WHAT WAYS DO YOU FEEL POWERLESS?

WHAT DO YOU BELIEVE YOUR MAIN STRENGTHS TO BE?

As a part of group participation, I agree to the following:

1. Respectful and honorable behavior towards each member of the group.
2. Commitment to attend all group sessions.
3. Come to group prepared to learn and discuss the week's homework, if any..
4. I agree to payment arrangements as outlined on the Credit Card Authorization form provided to the group facilitator at the first session. No refunds will be given after the attendance of the first session.
5. Come to group on time.
6. Talk to the group leader about any problems or frustrations I may be experiencing in the group.
7. Fill out and return the Informed Consent Form to the group leader at the beginning of the first session.

Applicant Signature

Date