



Living Well Counseling and Consulting, LLC
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Group Admission Form

NAME: _____ DATE: _____

ADDRESS: _____ Male _____ Female _____

CITY: _____ DATE OF BIRTH: _____

STATE: _____ ZIP: _____ EMAIL: _____

HOME PHONE: _____ CELL PHONE: _____

REFERRAL SOURCE: _____

In case of emergency, notify: _____

Phone: _____ Relationship: _____

Living Arrangements:

- Alone
- With parents
- With spouse
- Children
- With friends
- Other _____

Education:

- G.E.D.
- HS Diploma
- Bachelors
- Masters
- Student in Education/Training Yes _____ No _____

ETHNIC BACKGROUND

MARITAL STATUS

RELIGIOUS PREFERENCE

EMPLOYMENT STATUS OCCUPATION _____

_____ Full time _____ Part time _____ Unemployed _____ Fired _____ Laid off

WHY DO YOU WANT TO ATTEND THIS GROUP:

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

DO YOU USE ALCOHOL? _____ Yes _____ No

If yes, what type of alcohol and how much do you drink per week: _____

DO YOU USE DRUGS? _____ Yes _____ No

If yes, which drugs do you use and how often: _____

PLEASE WRITE A BRIEF DESCRIPTION OF YOURSELF:

IN WHAT WAYS DO YOU FEEL POWERLESS?

WHAT DO YOU BELIEVE YOUR MAIN STRENGTHS TO BE?

WHAT ARE YOUR GOALS?

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. Read all materials as assigned. Come to group prepared to learn and discuss the week's homework.
4. Make payment for services each week unless other arrangements have been made in advance
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 Life History Form and Informed Consent Form to the group leader before the program begins.

Applicant Signature

Date