

Hope for Healthy Families Counseling Center
8788 Elk Grove Blvd, Bldg 1, Suite L
Elk Grove, California 95624
Phone/Fax (916) 686-9209

 *Group/Workshop Intake* 

Date _____ How were you referred? _____

Name date of birth age

Marital Status:

Never Married Partnered Married Separated Divorced Widowed

Number of Children: _____

Local Address: _____
(Street and Number)

(City) (State) (Zip)

Home Phone: () _____ May we leave a message? Yes No

Cell Phone: () _____ May we leave a message? Yes No

E-mail: _____ May we email you? Yes No

*Please be aware that email might not be confidential.

Please describe the concerns that led you to HFHF regarding a group or workshop:

How do you envision the group will help you meet your goals regarding these concerns?

Do you have any questions or concerns about what it might be like to participate in a group or workshop?

Have you participated in support/therapy groups previously? Y N

If yes: when and where? _____

How was/wasn't it helpful? _____

Have you participated in individual counseling/therapy before Y N

If yes: when and where? _____

How was/wasn't it helpful? _____