

**SOL ASSOCIATES, PLLC
GROUP INFORMATION FORM**

Please provide the following information, which will remain CONFIDENTIAL. You may omit any question that does not apply.

PERSONAL BACKGROUND

Date: _____

NAME: _____

DATE OF BIRTH: _____ AGE: _____ SEX: _____

LOCAL ADDRESS: _____

E-MAIL ADDRESS: _____

TELEPHONE: _____ OTHER PHONE: _____

WHERE IS IT OKAY TO LEAVE A MESSAGE FOR YOU? _____

EMPLOYER: _____

COUNSELING & MEDICAL BACKGROUND

IF YOU HAVE EVER HAD PREVIOUS COUNSELING, WHERE? _____ WHEN? _____

RATE YOUR CURRENT PHYSICAL HEALTH: POOR _____ FAIR _____ GOOD _____ EXCELLENT _____

IF YOU CURRENTLY HAVE A PHYSICIAN, WHO? _____

WHERE? _____

LIST ANY MEDICATIONS YOU ARE CURRENTLY TAKING (INCLUDING B.C. PILLS):

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.)
