

GROUP THERAPY SCREEN - "Life 101 Program"

Roberta Tsukahara, Ph.D., P.A.

NAME: _____

DATE: _____

1. Have you completed Forms 1 through 4? _____ If not, take a moment now to print these from the website (www.ADDaustin.com). If you do not have access to the website or a printer, you will need to arrive at least 45 minutes early to complete these forms.
2. Who referred you to the "Life 101" group? _____
3. What are your goals for your participation in the group? _____

4. If you have not been given a diagnosis of ADD or AD/HD, what are you hoping to gain from participating in a "Life 101" group? _____

5. Have you ever been diagnosed with depression, anxiety, bipolar disorder, personality disorder, or another significant psychiatric disorder? Yes No Unsure

If you answered "yes", please provide more information: _____

6. Are you currently in counseling or therapy? Yes No
7. Have you discussed your interest in the Life 101 program with your therapist?
 Yes No n/a
8. Can you commit to coming to all ten sessions? Yes No Unsure
9. If you cannot commit to coming to all ten sessions, how many do you anticipate missing? _____

There is a 10% non-refundable deposit to hold a place in the Life 101 groups. The remaining balance is due at the first session. Please sign below indicating that you understand and agree to abide by this if you are accepted into the Life 101 program.

Signature

Date

Printed Name