

Tiffany Smith Counseling, Inc. 2901 Corporate Circle Flower Mound, TX 7502 (214) 405-4030 tiffanysmithcounseling@yahoo.com

Group Therapy Information

Name:		
Last First Middle		
Address		
 City State Zip Code		
,		
Home Cell Work		
May I leave a messag	e for you at home? Y / N	
May I leave a messag	e for you at work? Y/ N	
May I leave a messag	e for you on your cell? Y/ N	
May I contact you via	email? Y/ N	
Please list the email a email addresses):	ddress that you wish to be co	ontacted at (we do not release
messages: Phone number for tex	ting:	ation to respond to these text Date:
Family Members Att	ending:	
Name	Relation	Age
Briefly describe your	reason for seeking counseling	g:
Briefly describe your	reason for seeking counseling	g:

What goals do you hope to achieve by attending counseling?		
Have you ever previously attended therapy or received counseling services of		
any kind? Yes No If yes please list the type of therapy you received		
Did you find treatment helpful?		
Previous therapist:		
Reason treatment terminated?		
Do you anticipate being involved in a lawsuit in the near future? Y/ N If yes, please explain		
Have you ever been a party to a lawsuit? Y/ N		
If yes, please provide a description of the suite, the date, and the outcome:		
Have you ever filed a complaint with a licensing or regulatory authority? Y/ N		
If yes, please provide a description of the suite, the date, and the outcome:		
How did you hear about us?		
Customer Satisfaction Survey: Upon discharge we will ask you to complete a client		
satisfaction survey. The survey is anonomous and confidential and is used so that		
we can improve the quality of our services. Please provide us with your email address. We do not release email addresses to third parties.		
-		
I would like the survey sent to my email address at:		

Would you like to receive our quarterly e-newsletter? Yes/ No