

REFERRAL FOR SERVICES – GROUP THERAPY

Referral Source Information	
Referral Source Name	
Referral Source Contact Information	

Client Information	
First & Last Name	
Date of Birth	
Address	
Phone Number	
Email Address	
Parent/Guardian (if applicable)	
Insurance Type	
Insurance Number	
Current Diagnosis (if known)	

Group Therapy Registration

<input type="checkbox"/> Preschool Play Therapy Group	Ages 3 – 4 years old	Mondays: 3:00 PM – 3:45 PM	6/13/22 to 8/1/22
<input type="checkbox"/> Preschool Play Therapy Group	Ages 3 – 4 years old	Fridays: 1:00 PM – 1:45 PM	6/17/22 to 8/5/22
<input type="checkbox"/> Kindergarten Coping Skills	Ages 4 – 5 years old	Tuesdays: 11:00 AM – 11:45 AM	6/14/22 to 8/2/22
<input type="checkbox"/> Socially Skilled Kindergarten	Ages 4 – 5 years old	Wednesdays: 3:00 PM – 3:45 PM	6/15/22 to 8/3/22
<input type="checkbox"/> A Sea of Friendship	Ages 5 – 6 years old	Fridays: 11:00 AM – 11:45 AM	6/17/22 to 8/5/22
<input type="checkbox"/> Socially Skilled Excursion	Ages 6 – 7 years old	Wednesdays: 4:00 PM – 4:45 PM	6/15/22 to 8/3/22
<input type="checkbox"/> Mindfulness Toolbox	Ages 7 – 9 years old	Mondays: 4:00 PM – 4:45 PM	6/13/22 to 8/1/22
<input type="checkbox"/> “Take Action” ACT Group	Middle School Boys	Wednesdays: 6:00 PM – 7:00 PM	6/1/22 to 8/3/22
<input type="checkbox"/> Adult DBT Group	Adults 18+	Mondays: 6:00 PM – 7:30 PM	5/15/22 to 11/14/22

Additional Information (as applicable)