

New Group Member Cover Sheet

Your Name _____ Date of Birth _____

Referred By _____ Today's Date _____

Your Address (Street, City, Zip) _____

Preferred Phone _____ (Check here if it is NOT okay for me to leave a message or text __)

Email _____ (Check here if it is NOT okay for me to email you __)

Emergency Contact Name _____ Relationship _____ Phone _____

I am seeking bodymind group therapy at this time because: _____

I am aspiring towards these outcomes: _____

Complete only if using Blue Cross Blue Shield PPO to help with coverage:

Cardholder Name _____ Cardholder Date of Birth _____

Cardholder Address _____

Enrollee ID/Policy Number _____ Group Number _____

I authorize Jeremy Fulwiler and Wellness Beyond Words LLC to release information regarding my condition, including diagnosis, symptoms, functioning, treatment goals, and progress to my health insurance as needed to submit claims and obtain authorization for my treatment, or otherwise comply with requirements. I agree to personally fully pay any fees left unpaid, **for any reason**, by my health insurance plan.

Signature: _____

Date: _____

Our Group Agreement

I know this is a lot to read, but for your sake, and that of the group, please do! The intention of our Core Energetics Bodymind Therapy Group is to “embody your true self and share that self with others.” Group is a unique opportunity to explore your personal and relational goals and concerns. The group forms a social microcosm, allowing you to have a safe and reliable laboratory to explore your personal and relational edges. Many people find group therapy to be as effective as individual therapy, and, in some cases, even more so. *For this to happen though, some agreements must be mutually agreed upon by all.* Your group may continue to make individual agreements beyond the scope of this form as well.

Group Member Responsibilities:

- **Confidentiality:** You agree to hold confidential all information shared by other group members, as well as any identifying information about fellow group members.
- **Disclosure:** You agree to disclose things about yourself at your own pace, and not to pressure others for their disclosure.
- **Self-Care.** During group sessions, you agree to take care of yourself, or request support from other group members or me to help you stay feeling safe and in the room. You agree to monitor and care for yourself (such that if injury of other negative impacts result from any of our work together or from activities you do between session, you accept full responsibility for such negative impacts).
- **Support & Feedback:** You may sometimes be asked to offer feedback to another group member, and agree to do so in a way that focuses on your experience of them or of what they have shared in the group, as opposed to unsolicited advice-giving, criticism or judgment.
- **Social Interaction:** You are encouraged to treat the group sessions as a laboratory to try out new social interactions. Should you have contact or develop any form of personal relationship with a fellow group member outside of group sessions, you agree to disclose that within the group. Disclosing such interactions in the group reduces the likelihood that outside relationships would impede the growth of the group.
- **Payment:** The group fee is \$120/month (sliding scale available). New members are asked to pay for three full months prior to the first group as a sign of commitment to the group. After the initial three months, members are asked to pay their monthly due by or at the first meeting of each month.
- **Timeliness:** Is so important! Starting together helps create an attuned group. If you'll be late, please let me know. If you need to miss a session, please let the group know in advance, or inform me if that is not possible.
- **Group Workshop:** Once per year, we will meet on a Saturday morning and afternoon instead of our evening session. This provides an opportunity for deeper and more varied work and processing. Reasonable efforts will be made to schedule the workshop on a date everyone is able to attend.
- **Individual Sessions:** If you would like to have an individual session with me to further explore what is coming up in group and your life, I'll do my best to accommodate. Individual sessions are \$130/50 minutes or \$65/25 minutes. Please note: 36-hour cancellation policy (\$110 late cancel, \$130 no show). Alternately, I'm happy to collaborate on goal planning and progress updates with your individual therapist. (Signed consent required)
- **Ending:** Closure is important in any relationship, and especially in group process, as your participation (or lack thereof) will impact others. If you choose to end your participation in the group, you agree to inform the group at least one session prior to your last session so the group can process this together.
- **Updates:** Please inform me of changes to contact information and wellbeing (i.e. prescriptions, injuries, etc.).

My Responsibilities:

- **Facilitation:** I provide varying degrees of structure to the group sessions, and intend to moderate a safe/brave environment for all participants, understanding that sometimes the work may challenge group members' sense of

safety as they explore and consider new ways of interacting with themselves and others. I am committed to practicing antiracism, feminism and LGBTQ+ affirmation in my life and in how I show up as a group facilitator.

- **Skills:** I hold myself responsible to provide you skilled support towards your identified goals, be ready to start and end on time, honor your stated boundaries and limitations, and treat you with ongoing respect.
 - My primary credential is an LMSW-Clinical, which means I am licensed by the State of Michigan to provide clinical mental health services, such as psychotherapy and group therapy.
 - I have a great deal of additional training (such as Core Energetics, Yoga instruction, Personal Training, Reiki, and aromatherapy), which informs me to provide you mental health services within a holistic framework.
 - Some of these approaches to care occasionally involve physical touch as a clinical intervention, though this is only with your consent and in respect to your stated boundaries. Such contact is not meant to blur our clinical relationship, but to enhance it, and the intent of the touch is never for any form of sexual advancement.
- **Not Medical Care or Diagnosis:** Though I may offer information on physical health and wellbeing, as well as aromatherapy services, such support is never meant to take the place of routine or urgent medical care or to diagnose medical concerns.
- **Limits to Confidentiality:** Though I hold your personal information confidential, there are exceptions, including but not limited to the suspected maltreatment of children or elders and eminent risk of harm to yourself or others. This and other information on my responsibility to protect your personal health information are noted in the “Notice of Privacy Practices.” This Notice is available on www.wellnessbeyondwords.com as well as on paper should you request.
 - I cannot guarantee your confidentiality will be maintained by fellow group members, but I do my best to ensure the development of a group culture where this mutual respect becomes strong and reliable.
- **Consultation:** I seek clinical consultation from colleagues and masters in the fields in which I practice. This allows me to ensure that I am providing you the best care possible. I avoid sharing identifying information about clients to the greatest degree possible during these consultations.
- **Informing you of risks:** Benefits are not guaranteed; personal regressions can occur as part of this process; and though unlikely, injury, other health conditions, physical discomfort, skin irritation, or other negative outcomes could potentially result from this work.
- **Technology:**
 - **Phone:** Though I am not “on call,” I will respond to *phone messages* within 24 hours on office days, (generally Monday through Thursday). For this reason, contact 911 or go to the nearest emergency room should any emergency situations develop. I encourage you to bring your reactions to the group directly into upcoming group sessions.
 - **Email:** You are welcome to contact me by email, and I will respond accordingly when I am able, but please understand that email communication has limited confidentiality due to federal regulations and the limits of encryption.
 - **Text:** Please text only regarding scheduling issues and if you are running late.
 - **Social Media:** To support the clarity of our relationship, I do not connect with clients through personal social media formats (though do so through Wellness Beyond Words’ Facebook, Instagram and the eNewsletter). I do not search for you online without your request and/or consent unless there are timely safety-related concerns.

There may be times when the group is the *last place you want to be*, because of uncomfortable feelings or a sense of general overwhelm. These times may in fact be unusually *productive* opportunities to be in group. I expect that some of the difficulties you experience in your life will come up in our group. This can seem discouraging. And yet, these are ideal opportunities to address the important issues that concern you. I look forward to supporting our work to support your life.

I _____ have read, fully understand, and consent to this agreement.

Client Signature

Date

Questionnaire

This information is useful for me to consider in our work, helping me be sensitive to information I may not otherwise gain in a timely fashion. However, should you have any questions or concerns regarding these questions, feel free to contact me or to leave those items blank until we meet. We won't go over this line-by-line together unless you ask to.

Your Name _____

Current Relationship Status _____ Significant Other(s) if applicable _____

Names/Ages of Children if applicable _____

Briefly describe your...

Current employment status _____

Highest level of education _____

If current student, name and level of schooling _____

Military history _____

Legal history _____

How do you prefer to identify your... *(This section is optional)*

Race _____

Gender _____

Sexuality _____

Religion/Spirituality _____

Learning/Physical Ability Challenges _____

Family of Origin

(Please list names and approximate ages, or indicate if deceased)

Caregiver 1 _____

Caregiver 2 _____

Siblings _____

Other (i.e. step parents, etc.) _____

Other (i.e. step parents, etc.) _____

Please briefly describe any mental health or substance use concerns in your family, both treated and untreated:

Place of Birth _____ Place(s) of Upbringing _____

CURRENT INVENTORY

Please list whatever comes to mind for the following items.

Strengths you see in yourself	Concerns you have with yourself
Supportive Relationships	Strained/Problematic Relationships
Supportive Groups/Communities/Activities	Problematic Groups/Communities/Activities
Ways in your life in which you have experienced societal power or privilege	Ways in your life in which you have experienced societal oppression or marginalization
Future hopes/goals/visions	Future Concerns

HEALTH INFORMATION

Briefly describe any history of or current mental health treatment/counseling (therapy, etc.) _____

Briefly describe any history of or current self-harm or suicidal thinking, planning or attempting _____

Please describe any known physical limitations or restrictions _____

Please describe any physical or medical health concerns for which you are currently being treated or are otherwise concerned about _____

Briefly describe any history of hospitalization and/or surgery _____

Location and Month/Year of most recent physical evaluation: _____

Allergies: _____

Current Medications? ☐ Yes ☐ No

Name of Medication	Dosage	Condition Being Treated	How Effective? (and/or side effects)
1.			
2.			
3.			

Please list any specialist or alternative healthcare providers from the past year or so:

Name of Practitioner	Type of Practitioner	Condition Being Treated	How Effective?
1.			
2.			

Briefly describe any use of substances/activities you may be utilizing in excess on a daily or weekly basis to alter or regulate thoughts and feelings (including, but not limited to: substances, sugar, sex, gambling, shopping, TV, eating) _____

Have you received treatment for any of these substance/activity concerns? ☐ Yes ☐ No

What else would you like me to know so I can support you best in regards to the following:

1. Sleep: _____

2. Sex/Intimacy: _____

3. Diet/Nutrition: _____

4. Exercise/Physical Activity: _____

TRAUMA & LOSS HISTORY

As a Certified Trauma Specialist (CTS), I am trained to look closely at people's experiences of trauma and loss. Otherwise, the impact of these experiences on one's life, even many years later, can often be overlooked or minimized. This can lead to symptoms that seem unrelated, even including physical complaints.

Check if Yes	Experience	Brief Detail	Your Age
	Natural disaster or fire		
	Serious accident or personal injury		
	Serious illness		
	Death of a parent or other important guardian figure		
	Serious injury or illness of a parent or other important guardian figure		
	Death of a sibling		
	Serious injury or illness of a sibling		
	Death or loss of a child, or lost pregnancy		
	Death, serious injury or illness of a friend		
	Witnessing serious injury or death of another person		
	Prolonged or unexpected separation from your family of origin as a child		
	Separation/divorce of parents		
	Separation/divorce of a long-term personal relationship		
	Witnessing interpersonal violence (domestic violence, community violence, etc.)		
	Psychiatric illness in parent, caregiver, or close family member		
	Alcohol or drug abuse in parent, caregiver, or close family member		
	Child, domestic, or elder abuse or neglect		
	Inappropriate exposure to sexual activities of others		
	Sexual abuse or rape		
	Active duty/combat of self or loved one		
	Were there complications with your mother's pregnancy, your birth, or infancy?		
	Perpetrating/Inflicting abuse or violent crime		
	Other trauma/loss not listed		

Thank you!