Group Therapy Enrollment Form
Outpatient Services
Bradley Hospital

Date Received: ___/___/___ MR#: ___________________

Programs will be filled on a first come, first served basis with adolescents being matched according to level of need.

Child's Name: ____ **Today's Date:** __________________

Gender: ☐ male ☐ female Date of Birth: __________________ Age: _______ Grade: ________

Insurance: ____

Name of Person Completing Form: ___________________________ ☐ parent ☐ other: ______________

Other parent/caregiver name(s):____

Contact Home Phone #: _____________________________ Cell Phone #: __________________________

Enrollment for:

☐ **iFriend** — For children (8-11 years) with poor social development due to excessive rigidity, difficulty understanding other's point of view, and awkwardness/discomfort in social interactions.

☐ **Incredible Years** — For parents of children (3-6 years) with disruptive, aggressive, and oppositional behaviors; Learn strategies to increase your child's compliance, frustration tolerance, and social skills.

☐ **Teen Anxiety** — For teens (14-18) with excessive and persistent worry, physical symptoms related to stress, and who avoid situations, people, or places that cause distress.

Why do you want your child and family to participate in this program?

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Does your child currently see ☐ or see in the past ☐, a counselor, therapist, or psychiatrist? ☐ No

☐ Yes, counselor or therapist name: _____________________________Location: ______________________

☐ Yes, psychiatrist name ______________________________________Location: ______________________

Has your child ever received treatment for psychiatric illness? ☐ No

☐ Yes, hospitalization location(s): __________________________________Dates:__________________

☐ Yes, partial hospital/day treatment location(s): _________________________Dates:__________________

☐ Yes, residential treatment location(s) _____________________________________Dates:_____________

Medical Problems: ☐ No ☐ Yes, describe: ____

Psychiatric Diagnoses: ☐ No ☐ Yes, describe: ____

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For Office Use Only

Approved by: ____ Date: ____________

Family scheduled with: ____ Date: ____________ Time: _________

Hold (reason): ____