



## GROUP BOOKING AND INTAKE FORM

---

Name:

Address (including Post Code):

Telephone/Mobile Number:

Email:

Emergency Contact Name & Number:

GP Name, Address and Number

Booking For (Group Name):

Payment:

- By Bacs to Account Name: Patchouli Therapy Ltd
  - Starling Bank
  - Account Number: 20397451
  - Sort Code: 60-83-71
- By PayPal to

Where did you learn about this group?

Are you currently on medication? If so, please advise the medication and dosage.

Do you have any diagnoses that might impact your ability to participate in group work?



# *Patchouli Therapy*

Are you currently in any other type of therapy?

Please describe any history of self-injury behaviours (self-harming, suicidal ideation), including self-destructive behaviours that might impact your ability to participate in the group work.

Please describe your previous experiences in (group) therapy

Please briefly describe your ability to communicate

How do you see yourself within the group?

What would you like to gain from this group?