



Contact & General Information (*Required Information)

Teen's Name* _____ Teen's Age* _____ Teen's Date of Birth* _____ Gender* _____

Parent's Name(s)* _____ Email Address* _____

Home Phone* _____ Cell Phone _____ Work Phone _____

Mailing Address* _____ City* _____ State* _____ Zip* _____

Which school does the child attend? _____

Is your teen a new or current client of Wynns Family Psychology? (select using "x") _____ New _____ Current

Which DBT Module are you signing up for?

_____ Module 1 – Mindfulness

_____ Module 2 – Emotion Regulation

_____ Module 3 – Distress Tolerance

_____ Module 4 – Interpersonal Effectiveness

Date(s) of Your Group* _____

How did you learn about this group? _____

Tell Us About Your Teen

What is the reason for referral to the group?

Has your child had any prior therapy or testing? _____ Yes _____ No

If "yes," please describe. _____

* As this group is primarily educational in nature, each member is required to concurrently participate in individual therapy at the provider of their choosing. Please provide the name of your teenager's current therapist. (We will not release information without written consent.) _____

Would you like for your teen's therapist to receive a treatment summary? (You will need to sign a written authorization release.) _____ Yes _____ No

Has your child been given a diagnosis? _____ Yes _____ No

If "yes," please describe. _____

Has your child been suspended or expelled from school? _____ Yes _____ No

If "yes," please explain. _____



Does your child require 1:1 or special assistance in the classroom to manage his or her behavior?

Yes No

If "yes," please explain. _____

Does your child have an IEP? Yes No

If "yes," briefly explain. _____

Does your child take medication? Yes No

If "yes," please list. _____

What are some of your teen's strengths? _____

What are your goals for the group?

- 1). _____
- 2). _____
- 3). _____

In which skill areas does your teen need help? (mark all that apply)

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> self-esteem | <input type="checkbox"/> regulating emotions | <input type="checkbox"/> conflict resolution |
| <input type="checkbox"/> self-injury | <input type="checkbox"/> suicidal thoughts | <input type="checkbox"/> expressing emotions |
| <input type="checkbox"/> purging | <input type="checkbox"/> suicidal attempts | <input type="checkbox"/> substance use |
| <input type="checkbox"/> impulsivity | <input type="checkbox"/> family conflicts | <input type="checkbox"/> confusion about self |
| <input type="checkbox"/> truancy | <input type="checkbox"/> communication/respect with adults | |

Other comments or concerns about your teen:

Does your teen have any food allergies or medical conditions we should be aware of? Yes No

If "yes," please list. _____



Agreement

Thank you for sharing your teen with us! We're excited to get to know your family. Please read through the important information and sign/date below.

A deposit is required to reserve your teen's spot in a group. This deposit is nonrefundable. There are no exceptions unless we cancel a group due to low number of participants.

Also note there are no "guarantees" as to a certain number of participants, ages of participants, or number of boys versus girls. We find a kids can be successful in our groups and camps, even if the participants have different disorders or difficulties, are older/younger, or higher/lower functioning. One aspect that makes our groups successful is that teens with strengths in a particular area can model their skills and provide a positive example for kids who might be struggling with similar skills. That said, we do screen participants to make sure they are a proper fit for a group/camp.

Warning: If your teen is socially awkward or anxious, he/she may insist on NOT coming (or coming back) to the group or camp. Our groups/camps encourage your teen to confront his or her social fears, which can be anxiety-provoking. A critical component in conquering fears is to face them "head on."

Please encourage your teen to do his or her "homework." This helps generalize the skills outside of the group even more quickly.

Please commit to bringing your teen to all sessions so that he or she can get the most out of them and maximize success. Consistent attendance each week is essential for proper training, further developing peer relationships, and having a safe place to practice his or her newly emerging skills. In addition, attendance is important because leaders plan each session around how many participants will be present. If you can't make a group, please remember the cancellation policy is 48 hours notice, or we charge for the missed session.

Your digital signature below confirms that you have read through this entire document, understand the information, and agree to it.

Parent's Digital Signature (please type out)* _____ Date* _____

Date deposit paid* _____ Method* _____ Paypal _____ Check _____ Cash _____ Credit Card

Would you like to sign up for our free No Wimpy Parenting Newsletter? _____ Yes _____ No

Once you've completed this form, please save it and email to info@WynnsFamilyPsychology.com