



GROUP THERAPY INTEREST FORM

I am interested/my minor child is interested in the following group(s) from the Empower Psychology & Wellness website: _____

Today's Date: _____

Client's Name (please also indicate preferred name): _____

Parent/Guardian Name(s) if client is a minor child: _____

Client's Age: _____ Client's Sex assigned at birth: _____ Client's Identified Gender: _____

Client's Phone or Parent/Guardian Phone (for a minor child): _____

Address: _____

Primary Insurance

Insurance Company Name: _____

Secondary Insurance

Insurance Company Name: _____

May we contact you via phone, or leave confidential messages (i.e., follow up regarding your inquiry) on the voicemail attached to the phone number you provided? Yes No