FEAR KNOT UNSHACKLED GROUP FORM

CONTACT INFORMATION

THE NEXT STEP Counseling Services



HOW NERVOUSE DO YOU	FEEL RIGHT NOW not at	(Select a box alon	g the dotted line)	uch
NAME		DATE		
ADDRESS				
EMAIL		The Next Step may	use this email to conta	ict me."
PHONE: Home	Cell	Wo	rk	
	r more) my home Call my home			
DATE OF BIRTHMarr				ingle
YEARS MARRIED: NA CHILDREN NO YE			•	te)
HOW DID YOU HEAR ABOU	Γ "THE NEXT STEP?"	Referral Other	The Group Flyer	
HAVE YOU RECEIVED COUNSEL Approximate DATE OF MOS	NG BEFORE WAS IT HELF	PFUL? NO	_ YES	.g)
Do you have special needs	?Mobility Hearing	Impaired Visual	ly Impaired	Other
Do you consider yourself:	Christian _ Spiritual	Religious A	Agnostic Atheist	_ Unsure
PLEASE WRITE THE I	MAIN REASON WHY YOU	WANT TO PARTICII	PATE IN THIS GROUP:	
PLEASE WRITE W	HAT YOU WOULD LIKE TH	IE COUNSELOR TO	UNDERSTAND ABOUT Y	OU:
DIF	ASE SELECT THE TOD	TUREE TIME DR	FEEDENICES:	

PLEASE SELECT THE TOP THREE TIME PREFERENCES

First Preference	Second Preference	Third Preference
Thursday Mornings 10:30- 12:00	Thursday Mornings 10:30 - 12:00	Thursday Mornings 10:30 - 12:00
Tuesday Mornings 10:30 - 12:00	Tuesday Mornings 10:30 - 12:00	Tuesday Mornings 10:30 - 12:00
Wednesday Evenings 6:30 - 8:00	Wednesday Evenings 6:30 - 8:00	Wednesday Evenings 6:30 - 8:00

HOW NERVOUSE DO YOU FEEL RIGHT NOW not at all------Very Much HOW MOTIVATED DO YOU FEEL RIGHT NOW not at all------Very Much



THE NEXT STEP Professional Counseling 24 E Cabarrus Ave, Suite 1200 Concord, NC 28025 Fax 704-526-0675 (Please Use Cover & Write "Confidential")

John Liebner MA, LCMHC, NCC john@take-thenextstep.com
Phone 704-567-0522