



HIGHER HEIGHTS COUNSELING SERVICES. LLC

"Equipping Individuals, Couples, and Families... Soar to Unlimited Possibilities"

HIGHER HEIGHTS COUNSELING GROUP REGISTRATION FORM

Name: _____
(First) (Last)

Address: _____
(City) (State) (Zip)

Gender: Male Female Age: 13yrs- 17yrs, 18yrs – 24yrs, 25yrs- 39yrs, 40yrs – 59yrs, 60yrs – 79+

Marital Status: Never Married Domestic Partnership Married Separated Divorced Widowed

Cell/Other Phone: () _____ May we leave a message? Yes No

E-mail: _____ May we email you? Yes No

Preferred Payment method: Cash ___ Credit Card ___ Healthcare Flex Card ___ Insurance ___

Type of Insurance _____ Name of Primary Insurer _____

What motivated you to join group counseling? _____

What do you hope to get out of group counseling? _____

What types of groups are you interested in? How did you hear about Higher Heights Counseling, LLC?

| | |
|--------------------|--------------------------------|
| _____ Women Issues | _____ Marriage & Relationships |
| _____ Grief & Loss | _____ Anger Management |
| _____ Parenting | Other _____ |

Are you currently experiencing overwhelming sadness, grief or depression? Yes No

If yes, for how long? _____

Are you currently experiencing anxiety, panic attacks, or have phobias? Yes No

If yes, for how long? _____

Are you currently experiencing excessive worry? Yes No

If yes, for how long? _____

Are you currently experiencing persistent anger? Yes No

If yes, for how long? _____

Any other pertinent information you want to share _____

Date: _____