

Unbridled Ways
Heart and Heritage Stables
20 Baldwin Road
Charlotte, VT 05445

Team Building Questionnaire

Name of Business or Group: _____
Location: _____
Name of Fiscally Responsible Party: _____
Title _____
Who referred you to our practice _____

Are there any pressing issues that are bringing you to our practice at this time?

What are your primary objectives for this session

- Improve awareness of team dynamics
- Fine tune communication (assertiveness or respectful communication)
- Improve awareness of non-verbal cues
- Build trust
- Stimulate Creativity
- Assist with conflict resolution abilities
- Other : _____

Group Members
Name: _____ Role: _____
Emergency Contact: _____ Phone: (_____) _____

Group Members
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Group Members
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Group Members

Name: _____ Role: _____

Emergency Contact: _____ Phone: (_____) _____

Thank you very much for your attention to this history/questionnaire. If you recall anything important after you complete it, please feel free to contact the clinician.

We would like to remind you that email is not a confidential means of communication.