**4 Week Self Elevation Group**

*A Women’s Exploration and Accountability Group*

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| February 4th | Self-Definition |
| February 11th | Self-Esteem |
| February 18th | Self-Image |
| February 25th | Self-Worth |

Welcome to the Self Elevation Group! This group will meet Mondays in February 2019 from 7-8 pm at 6710 Oxon Hill Road. This will be a closed group meaning no persons will be allowed to join once sessions begin. Sessions are meant to build on one another and will therefore not be offered individually. Group members will be expected to arrive on time and be prepared to share, listen, and give/receive feedback in open, honest, respectful, and constructive ways. The focus is on intentional self-exploration and motivational goal setting with accountability partnering to ensure positive changes occur. Each session will involve guided self-work, a brief lesson, group sharing, and homework/lifework. *Confidentiality is strictly enforced!* Any persons breeching the group’s or another’s confidentiality will be removed from remaining sessions without refund.

The cost of the course is $125.00. This will cover registration and session materials. You have the option of paying in full or 50% down at time of registration and the remaining 50% by February 18th. Acceptable methods of payment are Venmo (@kyla-flanagan), money order mailed to 6710 Oxon Hill Road Suite 210 Oxon Hill, MD 20745, or cash on site. Registrations are being accepted through 6 pm on February 4, 2019.

# REGISTRATION FORM

**Client Information**

First Name: Click or tap here to enter text. MI: Click or tap here to enter text. Last Name: Click or tap here to enter text.

DOB: Click or tap to enter a date. SSN: Click or tap here to enter text. Choose an item.

Address: Click or tap here to enter text. Apt No: Click or tap here to enter text.

City: Click or tap here to enter text. State: Click or tap here to enter text. Zip: Click or tap here to enter text.

Home Phone: Click or tap here to enter text. Cell: Click or tap here to enter text. Work: Click or tap here to enter text.

Marital Status: Choose an item. Employment/Student Status: Choose an item. Employer/School: Click or tap here to enter text.

**Client Brief History**

Past Counseling Services: Click or tap here to enter text.

Current Counseling Services: Click or tap here to enter text.

Medical Concerns: Click or tap here to enter text.

Trauma History: Click or tap here to enter text.

Current Life Stressors: Click or tap here to enter text.

Any Special Accommodations Needed: Click or tap here to enter text.

**Emergency Contact Information**

Name: Click or tap here to enter text.

Address: Click or tap here to enter text. Apt No: Click or tap here to enter text.

City: Click or tap here to enter text. State: Click or tap here to enter text. Zip: Click or tap here to enter text.

Home Phone: Click or tap here to enter text. Cell: Click or tap here to enter text. Work: Click or tap here to enter text.

Relation to Client: Click or tap here to enter text.

**Authorization and Disclosure**

I understand that I am financially responsible for all services rendered to me (the client) by the clinician, Kyla Flanagan/Tresvation, unless a contract exists between the clinician and my insurer that override all or part of my financial obligations. I hereby authorize payment of insurance benefits directly to clinician, Kyla Flanagan/Tresvation. I also understand I am responsible for any portions of my bill for services not covered by my insurance.

I understand that there is a charge for missed appointments or appointments cancelled less than 24 hours before my appointment.

Client Digital Signature: Click or tap here to enter text. Date: Click or tap to enter a date.

 Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinician’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_