

GROUP THERAPY DATA BASE

NC State Counseling Center – Triangle Area, North Carolina

All information on this questionnaire will be entered into the Group Therapy Data Base and made available to prospective referrals. **Please complete a separate form for each group that you would like listed in the data base.**

Please note that our Data Base is part of a growing statewide network of agencies that share community referral information. Any information that you provide may be released to other individuals or agencies.

Agency Name (if no agency, use name and address of sponsoring or primary group therapist):

Address:

City/State/Zip

Phone:

E-Mail:

How far from the NC State Main campus does the group meet? _____ miles

In what direction from campus does the group meet? (circle): N NW W SW S SE E NE

Is the group location handicapped accessible? Yes _____ No _____

Is the group location accessible to public transportation? Yes _____ No _____

GROUP INFORMATION

Title of Group (prefer 6 words or less; e.g., “General Psychotherapy Group”, “Men’s Support Group”, “Eating Disorders Group for Women”):

Name of Primary Group Leader:

Name of Group Co-Leader (if any):

Group Description:

(CONTINUED ON OTHER SIDE)

Description of Group Leader(s) (e.g., education, credentials, background, areas of expertise, languages spoken, etc. - anything you believe would be relevant to a prospective group member):

Eligibility (brief description of clients who may be eligible to join the group; age range; gender; etc.):

Contact / Intake Instructions (how client initiates contact; whether pre-group interview is req'd; etc.):

Fees (please be specific; indicate range of sliding scale, if available; special payment requirements; etc.):

Group Meeting Day/Time/Place: _____

Participants: Men _____ Women _____ Both _____

Please include any additional information that you feel would be useful to us:

Thank you for your assistance.
Please return this questionnaire to:

Jonna Tobin, Ph.D. (919) 515-2423
Counseling Center
North Carolina State University
Student Health Center, 2nd Floor
2815 Cates Avenue, Campus Box 7312
Raleigh, NC 27695-7312