

The Daring Way™ Questionnaire

Thank you for submitting the form below. Please complete the * sections to provide the confidential information needed to complete your registration. The rest of the questionnaire is optional, however, your willingness to complete it will help me know you better. Your participation in the group will be confirmed upon the receipt of your payment along with the submission of The Daring Way™ Questionnaire and The Daring Way™ Consent Form. These may be electronically submitted or mailed to me at Sarah Perl, LCSW-R 291 Broadway Suite 1401 New York, NY 10007

* Name First _____ Last _____

* Address _____

City _____ State _____ Zip Code _____

* Phone Number _____

* E-mail address _____

* Name of Emergency Contact: _____

Phone #: _____ Relationship to you: _____

* How did you hear about this workshop? _____

* Of the upcoming meeting dates, are there any dates that you know now that you are unable to attend? _____

* Would you like to be included on my e-mail list about future events?

Yes No

Have you ever seen a mental health professional (Psychiatrist, psychologist, marriage and family therapist, social worker, counselor?)

Yes No

If yes, when? Please briefly list the reasons and outcomes.

Do you currently have a therapist you could work with if something came up in this workshop requiring more in depth individual attention?

Yes No

If yes, would you like to sign a consent for me to be able to coordinate care if needed with your therapist?

Yes No

If not, would you like referrals to therapists?

Yes No

Are you currently taking any medication for mental health issues?

Yes No

If yes, please explain: _____

Are you currently using or in recovery from any substances or alcohol?

Yes No

If current, what do you use and how often? If in recovery, how long have you been sober? Please provide a brief description of the treatment and support you receive for maintaining your sobriety: _____

Do you have a history of an eating disorder or disordered eating?

Yes No

If so, please provide information on the support and treatment you have received:

Have you experienced distressing life events (trauma, loss, etc.) that have significantly impacted your functioning and quality of life?

Yes No

If so, please provide information about how you have addressed these issues:

What sparked your interest in this group? _____

What would you like to accomplish as a result of attending the Daring Way™ group? _____

What previous experience have you had, if any, with group therapy or a support group? _____

Please list dates and the name of the group: _____

How were they helpful? _____

What difficulties did you have, if any? _____

What concerns, if any, do you have about participating in a group experience? _____

How would you respond as a group member if someone in the group dominated the discussion? _____

How would you respond as a group member if someone never participated in the group discussion? _____

What else would you like me to know about you? _____

Thank you so much for providing this information! I will review the information you provided and follow up with you to confirm your registration.

The Daring Way™ Informed Consent

Thank you for submitting the informed consent below. Please read the form below and sign. Your signature indicates that you understand and agree with the content of this form. Your participation in the group will be confirmed upon the receipt of your payment along with the submission of The Daring Way™ Questionnaire and The Daring Way™ Informed Consent Form. These may be electronically submitted or mailed to me at Sarah Perl, LCSW-R 291 Broadway Suite 1401 New York, NY 10007.

This is a psycho-educational experience. This means that you will be experiencing interplay between education, and personal processing and growth. This process is presented as an intensive one or two day workshop, or in a weekly group setting. Participation in this experience can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek attendance at a psycho-educational process. During the psycho-educational process you may also encounter unpleasant feelings or thoughts. You may also make decisions about changes you would like to make in your behaviors and/or relationships. This experience may result in changes that were not originally intended. During the course of a psycho-educational process, Sarah will draw on Dr. Brené Brown's shame resiliency theory. Attending a psycho-education process is not a substitute or alternative for individual psychotherapy or inpatient treatment. If you are in need of names of counselors before, during, or after the psycho-educational process, Sarah would be happy to discuss this with you and offer a referral.

I understand that I am agreeing to participate in a psycho-educational experience that carries with it the potential of positive benefits and/or unpleasant feelings. I understand that I may experience both expected and unexpected change.

Yes

I understand that this is not a substitute or alternative for individual/couple counseling, and that I am free to participate in my own counseling during, or after this experience. I also agree to practice self-care while I participate in this group. If I am feeling overwhelmed, I will slow down, or take a break and step away. I understand that I am free to participate to whatever degree is comfortable for me, and I will not push myself beyond that to meet any perceived expectations of myself or others.

Yes

Your signature indicates that you understand and agree with the content of this form.

Signature: _____

Date: _____