

MENTAL HEALTH ASSOCIATION IN DELAWARE

2019 WELLNESS GROUP REGISTRATION FORM

Phone: (302)654-6833

Fax: (302)654-6838

**All registrations can be called in over the phone or faxed.*

Office Use Only:

Welcome Letter?

DP Database?

MEMBER INFORMATION: **DATE:** _____ **TIME:** _____

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _

PHONE: _____ EMAIL: _

DEMOGRAPHICS:

AGE: _____ GENDER: MALE / FEMALE

DIAGNOSIS: _

CURRENTLY RECEIVING MENTAL HEALTH TREATMENT?

How did you hear about us? _____

SUPPORT GROUP(S) REQUESTED AND LOCATION:

Monday Depression:

Newark, 7-8:30PM

Dover, 7-8:30PM

Wednesday Depression:

Wilmington, 10-11:30AM

Pike Creek, 7-8:30PM

Anxiety:

Newark, 7-8:30pm
1st & 3rd Thursday of
month

Milford, 12pm-1:30pm
3rd Friday of month

OFFICE USE ONLY:

NAME OF FACILITATOR(S): CONTACTED?

Brochures included in packet: _____

Brochures recorded? YES/ NO

NOTES: _____

Follow up? YES/NO Follow up date: _____

Attended first group? Y/N When? _____

General thoughts about group: _____

Signature: _____ Date: _____