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.

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:

<table>
<thead>
<tr>
<th>Monday Depression:</th>
<th>Wednesday Depression:</th>
<th>Anxiety:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Newark, 7-8:30PM</td>
<td>□ Wilmington, 10-11:30AM</td>
<td>□ Newark, 7-8:30pm</td>
</tr>
<tr>
<td>□ Dover, 7-8:30PM</td>
<td>□ Pike Creek, 7-8:30PM</td>
<td>1st &amp; 3rd Thursday of month</td>
</tr>
</tbody>
</table>

Office Use Only:
- □ Welcome Letter?
- □ DP Database?

Revised: 8/29/2019
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: _____________________