

{INSERT NAME OF YOUR CLINIC}
PRE-GROUP SCREENING FORM

Name of Group: _____ Facilitator(s): _____ Date: _____

Name of Patient	Rank	DOB	Gender	Contact Information

Referral Source: _____

Primary Provider: _____

Patient's Reason for Wanting to Join Group:

What are you hoping to learn from participating in the group?

How motivated are you to get help for this condition on a scale of 1-10, with 10 being the most?

How motivated are you to attend group therapy on a scale of 1-10, with 10 being the most?

Do you have any worries or fears about starting the group?

Past History of Therapy:

Have you ever tried this therapy before? Y / N

If yes, in group or individual therapy? Group / Individual

Do you have a history of early termination from treatment? Y / N

If yes, what led to you dropping out?

Informed Consent:

Are you able to attend at the set date and time? Y / N

If no, what is your preferred day and time? M / T / W / R / F AM / PM

Review group format (content/focus on diagnosis, treatment goals, structure, time, attendance requirement, number of sessions, ground rules, not a process group, homework, etc.). Do you agree? Y / N

Outcome Measures (Baseline)

Measure	Date	Score	Interpretation

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Clinic-Specific Inclusion Criteria Reference Table **{{adjust as needed}}**

Name of Group	Diagnoses or Issues that are Appropriate (circle)	Cut-off Scores (if used)
Cognitive Processing Therapy (CPT)	PTSD. Plus co-morbidities: Depression, substance misuse, Dissociative D/O (if controlled), bereavement, childhood abuse, adjustment D/O, mTBI	PCL-5: >____
Depression Management Group	Any unipolar depressive disorder: (major, persistent, unspecified, single/recurrent episode, etc.) including Adjustment D/O with depressed mood	PHQ-9: >____
Anxiety Group (Transdiagnostic)	Generalized Anxiety D/O, Panic D/O, Specific Phobia, Social Phobia, Obsessive-Compulsive D/O, PTSD	GAD-7 >____
CBT-Insomnia Group	Insomnia	ISI >____
Stress Management Group	Patient report of stress at home, work, or relationships	N/A
Possible inclusion factors:	Issues compatible with goals of group, motivation to change, ability to participate appropriately: share information, communicate sufficiently, complete assignments and outcome measures, etc.	
Possible exclusion factors:	Acute crisis, chronic psychosis, insufficient impulse control, marked anti-social traits, victim/perpetrator/other severe incompatibility with current member, gender or trauma type (if specified), leaving/will not be able to complete group, asymptomatic, etc.	

Summarize Screening of Current Suitability for Group:

Inclusion factors: _____

Exclusion factors: _____

Problem with alcohol/drug use: Y / N

Treatment for alcohol/drug use: Past / Present

Current prescription medications for symptoms related to sleep or anxiety: _____

Circle: **Yes** **No** (Reason): _____

Screening performed by: _____ Date: _____

Reviewed by: _____ Date: _____

If not appropriate for group, describe recommendation(s) made to patient: _____

If not appropriate for group, describe action taken by staff: _____

Action performed by: _____

Date: _____

Reviewed by: _____

Date: _____