



GROUP INTEREST FORM

Date: _____ Student ID # _____

Name: _____ Soc. Sec. # _____

Phone Number: _____ OK to leave a message Yes ___ No ___

Email Address: _____ OK to send email? Yes ___ No ___

Are you a full-time UR student? Yes ___ No ___ Date of Birth _____

Have you been seen at UCC before? Yes ___ No ___

Current Therapist _____

Groups you have participated in previously: _____

UCC Groups that may be offered: (Please check below the groups you are interested in)

Anxiety (CBT)	Grief Group
Depression (CBT)	International Spouses Support
Distress Tolerance (DBT)	Interpersonal Effectives (DBT)
Eating Concerns	Managing Emotions (DBT)
GLBT	Stress and Meditation
Undergrad and Graduate International Students Support	Substance Use
Graduate Students - Men	Survivors of Trauma
Graduate Students - Women	Undergraduate Students - Coed
Graduate Students - Coed	

Time availability: Monday _____
 Tuesday _____
 Wednesday _____
 Thursday _____
 Friday _____