



GROUP INTEREST FORM

DATE: _____

NAME: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

CURRENT THERAPIST: _____

Groups you have participated in previously:

Groups you may be interested in (please see list below for commonly offered groups):

Any additional information that you would like us to know:

UCC Groups being offered:

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

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