THE DARING WAY™

SHOW UP | BE SEEN | LIVE BRAVE™ *based on the research of Brené Brown*

The Daring Way ™ Questionnaire

Thank you for submitting the form below. Please complete the * sections to provide the confidential information needed to complete your registration. The rest of the questionnaire is optional, however, your willingness to complete it will help me know you better. Your participation in the group will be confirmed upon the receipt of your payment along with the submission of The Daring Way™ Questionnaire and The Daring Way™ Consent Form. These may be electronically submitted or mailed to Hope & Wellness Center, Denise Legg, LIMHP, 11414 W. Center Road, Suite #300, Omaha, NE, 68144.

*Name First__________________________ Last ______________++_____________

* Address ____

City________________________ State_________ Zip Code _________________

* Phone Number ____
* E-mail address ____

* Name of Emergency Contact: ____

Phone #:______________________Relationship to you:______________________

* How did you hear about this workshop?____________________________________

*Of the upcoming meeting dates, are there any dates that you know now that you are unable to attend?____

* Would you like to be included on my e-mail list about future events?

Yes☐ No☐

Have you ever seen a mental health professional (Psychiatrist, psychologist, marriage and family therapist, social worker, counselor?)

Yes☐ No☐
If yes, when? Please briefly list the reasons and outcomes.

____
____
____

Do you currently have a therapist you could work with if something came up in this workshop requiring more in depth individual attention?

Yes☐ No☐
If yes, would you like to sign a consent for me to be able to coordinate care if needed with your therapist?

Yes☐ No☐
If not, would you like referrals to therapists?

Yes☐ No☐

Are you currently taking any medication for mental health issues?

Yes☐ No☐ If yes, please explain:

____

Are you currently using or in recovery from any substances or alcohol?

Yes☐ No☐

If current, what do you use and how often? If in recovery, how long have you been sober? Please provide a brief description of the treatment and support you receive for maintaining your sobriety:

____
____

____
____

Do you have a history of an eating disorder or disordered eating? Yes☐ No☐

If so, please provide information on the support and treatment you have received:

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____
____

Have you experienced distressing life events (trauma, loss, etc.) that have significantly impacted your functioning and quality of life?
Yes☐ No☐
If so, please provide information about how you have addressed these issues:

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____

What sparked your interest in this group/workshop?

____
____

What would you like to accomplish as a result of attending the Daring Way™ group?

____
____
____

What previous experience have you had, if any, with group therapy or a support group?

____
____
____

Please list dates and the name of the group:________________________________

____

How were they helpful?____

____

What difficulties did you have, if any? ____________________________________

____

What concerns, if any, do you have about participating in a group experience?

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____

How would you respond as a group member if someone in the group dominated the discussion?

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____

____

How would your respond as a group member if someone never participated in the group discussion?

____

____

____

What else would you like me to know about you?

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Thank you so much for providing this information! I will review the information you provided and follow up with you to confirm your registration.