

Jersey Shore Wellness Studio
Oceanport, NJ 07757

Group Agreement Form

Please complete *Group Agreement Form & Registration Form* & submit to Jersey Shore Wellness Studio to ensure registration is complete.

Space is limited as group has a 8 participant maximum to ensure individualized attention & intimate therapeutic atmosphere.

Payment IN FULL is required to register. Checks may be made to Jenna Romano. Credit cards are accepted. No refunds will be given.

1. ***Please no....*** soda/food, phone or any other electronic devices in the group room. There is absolutely no smoking in the building.
2. All individuals are expected to conduct themselves and other group members in a respectful manner.
3. Group members understand that the group leader is required to provide general information regarding attendance, participation, progress and/or recommendations, termination (if applicable), to individual's parole/probation officer, and/or DCPD worker should they have one.
4. Group members understand that the group leader is required to report any incidences of violence, as well as plans regarding homicide and/or suicide to appropriate authorities.
5. Members will maintain ***complete confidentiality*** related to every aspect of the group, including member's names, addresses, behaviors, and materials discussed. Members may not discuss absent members.
6. It is the responsibility of group members to contact the group leader if they are not able to attend group. Members will not be reimbursed for any missed group sessions.

Youth & Parent - Please print/sign/date on above line

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Group Registration Form (Completed by parent or referring agency)

Name of individual completing form:

Youth's Name:

Date of Birth:

Address:

Parent/Guardian Name:

Parent/Guardian Phone Number:

Diagnosis:

Current Medications:

CMO, Mobile Response or DCPD involvement? If so, name of worker:

Current and Previous Psychiatric Treatment:

History of self harm (cutting, suicidal ideations etc):

History of psychosis:

History of aggressive/violent behavior:

History of psychiatric hospitalizations:

Any significant history that should be noted:

Medical conditions or physical limitations:

Is youth able to participate in kickboxing/yoga/physical activities: