

# REGISTRATION FORM

## MTS SMALL SUPPORT GROUPS



Dear potential group participant:

Thank you for your time and attention in filling out these forms. Your answers will be kept private and read only by your group leader(s). The information on this form is used to help us tailor each group to the needs of the participants. A Group Leader will get together with you soon to discuss your answers and inform you of more details about the upcoming group.

Privacy within the group is very important, and group leaders will not discuss who is in the group, or details of your story, with anyone outside the group without your permission.

Please return these forms to the group leader or pastor who gave them to you.  
Thank you!

Name:		
Address:		
City:	State:	Zip:
Home #	Work #	Cell #

Single     
  Married     
  Separated     
  Divorced     
  Widowed

Years Married:	Years Divorced:	Years Widowed:
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If you are currently married, does your spouse know you want to participate in a group?    Yes     No   
 (You **are not required** to tell them, but unless you tell us otherwise, we will assume they know and are supportive.)

### Level of Education

Some High School     
  High School Graduate     
  Some College     
  College Graduate     
  Trade School     
  Graduate School

Email address: \_\_\_\_\_

1. Please briefly describe your story of pain or abuse and why you are interested in attending a small group for healing at *Truth in Love* (Deep detail is not needed).
  
  
  
  
  
  
  
  
  
  
2. How would you describe your personal health? Do you have any health issues that may prevent you from attending group regularly? (**Regular attendance is very important.**)
  
  
  
  
  
  
  
  
  
  
3. Are you currently taking any prescription drugs? If so, which ones and for what purpose?
  
  
  
  
  
  
  
  
  
  
4. Are you currently taking any non-prescription drugs? If so, what help are you trying to find?
  
  
  
  
  
  
  
  
  
  
5. The effects of abuse sometimes lead to other struggles that our group leaders may not be equipped to handle in depth during small group meetings. Are you struggling with any behaviors with which you may need some extra support outside of the group, such as recreational drug or alcohol use, diagnosed eating disorder, workaholism, sexual addiction, internet addiction, spending addiction, or codependency? Are you already receiving support for any of these struggles? Please explain anything that applies. *(If you are unsure if you are drug or alcohol dependent or struggling with an eating disorder, just write that you are unsure and the group leader will discuss this with you.)*

6. Have you been diagnosed with a mental illness, including Obsessive Compulsive Disorder (OCD) or Bi-Polar Disorder (BPD), also known as Manic Depressive Disorder? If so, how is it being treated? Do you see any reason why this condition would interfere with your ability to concentrate on the workbook material required for this group?
  
  
  
  
  
  
  
  
  
  
7. Are you currently in an abusive or oppressive relationship? If so, please describe.
  
  
  
  
  
  
  
  
  
  
8. Are you at a time of great stress or important transition in your life? If so, please explain.
  
  
  
  
  
  
  
  
  
  
9. Would you consider yourself to be depressed?
  
  
  
  
  
  
  
  
  
  
10. Have you ever had any serious thoughts about committing suicide, made a suicide plan, or attempted suicide? If so, please describe how and when.
  
  
  
  
  
  
  
  
  
  
11. Is there anything else in your life that may make it difficult for you to concentrate that we should be aware of? (Personal habits or mannerisms, ADD or ADHD, etc.)

12. Describe your religious upbringing. (Please note that the group is open to those from all religious backgrounds. Abuse wounds the spirit and soul, no matter what a person's beliefs.)

13. What is your perception of God?

14. Do you have a church "home"?      Yes       No

If yes, which church? \_\_\_\_\_

15. Have you ever received counseling?      Yes       No

Type of Counseling	When	Focus	How long / # of Sessions
Pastoral Counseling			
Lay Counseling			
Biblical Counseling			
Licensed Professional			

Thank you for your willingness to complete this Registration Form. One of us will be in touch with you soon. It takes great courage to face the pain in our past, and we commend you for taking this step. We look forward to walking alongside you as you begin your journey to hope, healing, and wholeness.

Yours in Christ,  
The MTS Leaders at Truth in Love Ministries