



## Emergency Contact

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile \_\_\_\_\_

How would you describe your emotional reaction to cancer in your life?

What is most difficult for you in your current situation?

What do you do that contributes to your wellbeing or coping?

Who is in your support network and how supported do you feel?

Are you currently in individual therapy?  Yes  No

Name and contact information of therapist: \_\_\_\_\_

\_\_\_\_\_

Have you ever participated in a support group or any other type of group? What was your experience?

Have you ever been hospitalized for an emotional or mental condition?

Do you use tobacco? Drugs? Alcohol? How much?

Are there any significant events from your past that you think are important for me to know? (Childhood, relationships with parents, siblings, children, significant others or work history)

Are there significant losses or traumas in your past that you would like to share with me?

What do you imagine would be helpful about joining a support group?

What hesitations do you have about joining a support group?

What questions do you have?

Notes: