


# REGISTRATION FORM ANGER MANAGEMENT GROUP



<p><b><u>WHO SHOULD TAKE AN Anger Management Group?</u></b></p> <p>What types of people go to anger management classes? Typically the person who goes to an anger management has been required to attend the class by a judge, probation officer, employer, school official, or even a spouse or parent. Though most people who attend anger management classes are required to attend, there are people who are tired of the problems their anger have caused and as a result seek anger management classes on their own.</p>	<p><b><u>OBJECTIVE:</u></b></p> <p>Overview of Anger Management Treatment  Events and Cues  Anger control plans  The Aggression Cycle  Cognitive Restructure  Anger and the Family, parts 1 and 2  Review  Assertiveness Training and Conflict Resolution Model  Review  Closing and Certifications</p> <p>Certificates of Completion are given at the end of the program. Program must be paid in full.</p> <p>Program conforms to the U.S. Department of Health and Human Services Standards.</p>	<p><b><u>INFORMATION:</u></b></p> <p>Anger Management groups are an 11 week course.</p> <p>Attendance and participation a must for the Certificate to be awarded at the end of the program.</p> <p>If a session is missed it must be made up before attending a regular scheduled Group Session.</p> <p>Program must be paid for completely.</p> <p>Please initial: _____</p> <p>Date: _____</p>	<p><b><u>COSTS:</u></b></p> <p>\$75 Initial Intake Fee  \$50 One Time Registration Fee due prior to start of group.  \$45 Weekly Session Fee or \$495</p> <p>*Fees can be paid all at the same time or on a weekly basis.</p>
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NEXT SESSION: \_\_\_\_\_

<p>_____</p> <p>Name</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>City, ZIP</p> <p>_____</p> <p>Phone</p> <p>_____</p>	<p>Sign up for: Anger Management Group</p> <p><input type="checkbox"/> Intake Session     \$ 75</p> <p><input type="checkbox"/> Registration Fee     \$ 50</p> <p><input type="checkbox"/> Group Fee     \$ 495/\$45</p> <p><input type="checkbox"/> Total Collected     \$ _____</p> <p><input type="checkbox"/> Cash     <input type="checkbox"/> Check # _____</p> <p><input type="checkbox"/> Credit Card # _____</p>	<div style="text-align: center;">  </div> <p style="text-align: center;"><b>IRA L. BILOFSKY, LCSW</b></p> <p style="text-align: center;">115 W. Montgomery Ave.,  Suite 201  North Wales, PA 19454  (215) 661-9515</p>
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