

La Vida Life Counseling Center

162 N. Glassell Street, Suite C, Orange, CA 92866

714-883-9156

Anger Management ~ CLIENT INFORMATION

FIRST NAME: _____ MI: _____ LAST NAME: _____ M F

ADDRESS: _____ APT #: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DATE OF BIRTH: ____/____/____ PHONE NUMBER: () _____

EMAIL ADDRESS: _____

MARITAL STATUS: MARRIED SINGLE DIVORCED SEPARATED WIDOWED

SPOUSE NAME: _____ PHONE NUMBER: () _____

EMPLOYER INFORMATION

EMPLOYER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: () _____

IN CASE OF EMERGENCY

NAME OF FRIEND/ RELATIVE: _____

RELATIONSHIP: _____

PHONE NUMBER: () _____ WORK PHONE: () _____

REASON FOR TAKING ANGER MANAGEMENT CLASSES

DATE(S) AND TIME(S) AVAILABLE

NAME OF CLIENT: _____

CLIENT SIGNATURE: _____ DATE: _____

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CLASS RULES

1. Confidentiality first. What is said in class, remains in class.
2. Exceptions to confidentiality: child abuse, elder abuse, suicide/homicide, subpoena, etc.
3. Share feelings and experiences but not advice
4. Accept each other without making judgement
5. Listen to each other
6. Avoid interrupting or having side conversations
7. Silence all cell phones/ electronic devices
8. Have a positive attitude
9. Be on time (allowed to be 10 min late)
10. Be respectful and sensitive to others
11. Be supportive and encouraging of each other
12. Keep drinks in closed containers
13. Breaking these rules may result in permanent dismissal of the program

Name of Participant

Signature of Participant

Date