



Face2Face Healing™

SUPPORT GROUP PARTICIPANT INFORMATION SHEET

Send by email to: face2facehealing@yahoo.com

Or mail to: 580 S. Aiken Avenue, Suite 310, Pittsburgh, PA 15232

Tele Support Group
Support Group

Date ____ / ____ / ____

Name _____

Address 1 _____

Address 2 _____

City, State, Zip _____

Day Phone _____ Evening Phone _____

Email _____

Type of Disfigurement _____ How Long? _____

Would you like to be on the group roster? Yes No

*By answering **Yes** you give your permission to the personal information above to be included on the group roster, which is a hardcopy distributed to all individuals with disfigurement. You can contact the group facilitator at any time if you reconsider and want to be removed from the list. If you do not want to share your personal information please select **No**.*

Add to email list?

Support Group

Telephone Support Group

Newsletter & Event Email

Support Contact (Emergency Contact)

Name _____

Relationship _____ Phone _____

Optional

Date of Birth ____ / ____ / ____ Age _____

Are you currently receiving counseling? Yes No

Household (With whom do you live?):

____ Spouse/Partner ____ Children ____ Roommate ____ Other/Family ____ I live alone

Do you have children under the age of 18-years-old living in household? Yes No

____ED ____Office