



- Tele-conference Support Group
- Support Group -in person on hold

**Face2Face Healing Support Group  
Participant Information Sheet**  
Send via e-mail to: [Inlb@face2facehealing.org](mailto:Inlb@face2facehealing.org)

Date: \_\_\_\_\_

**Or Mail to: Face2Face Healing  
3000 Village Run Rd., Suite #103-206  
Wexford, PA 15090**

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-Mail : \_\_\_\_\_

Diagnosis \_\_\_\_\_ recurrence date/s? \_\_\_\_\_

\_\_\_\_\_ Doctor/s \_\_\_\_\_

**Would you like to be on the group roster?**     YES  NO

*By answering **YES** you are giving your permission to allow your name above to be included on the group roster, which is a list distributed to all individuals in the group. You can contact the group facilitator at any time if you reconsider and want your information removed from the list.*

*If you do not want to share your personal information please select the **NO** option.*

**Add to email lists?**

Support Group -in person	<input type="radio"/> yes	<input type="radio"/> no
Tele-conference Support Group	<input type="radio"/> yes	<input type="radio"/> no
Face2Face Healing Newsletter & Event Emails	<input type="radio"/> yes	<input type="radio"/> no

**Support Contact:** (in case of emergency)

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

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Optional**

Your Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

With whom do you live?     spouse/partner     I live alone  
     children                     roommate  
     other family members

Do you have children under the age of 18 living in the home?    Yes    No

Are you currently receiving counseling?                    Yes    No

Are you interested in receiving individual counseling?    Yes    No