Reset Form

Print Form

Using Family And Supports In Your Treatment

Studies Show Higher Rates Of Recovery For Those Who Involve Their Families In Their Treatment

Please Check All That Apply:

I would like my family, friend or partner to be listed as an **emergency contact only.**

☐ Yes ☐ No ☐ Ask Me Later

I would like my family, friend or partner **to receive written information only** on how they can assist me in my recovery.

☐ Yes ☐ No ☐ Ask Me Later

I would like my family, friend or partner to get a phone call from a person from family services that specializes in free services for families of people struggling with mental illness.

☐ Yes ☐ No ☐ Ask Me Later

I would like my therapist to call my family **to obtain information only** that may help in my treatment.

☐ Yes ☐ No ☐ Ask Me Later

I would like my therapist to call my family, friend or partner and **give them (or share) any relevant information regarding my treatment.**

☐ Yes ☐ No ☐ Ask Me Later

I would like my family, friend or partner **to be periodically included in one of my sessions.**

☐ Yes ☐ No ☐ Ask Me Later

I would like more information help on how I can cope with or relate better to my family.

☐ Yes ☐ No ☐ Ask Me Later