



Queer Therapy Network MHP Houston Chapter

Life Is Hard. Access To Mental Healthcare Shouldn't Be.



QUEER THERAPY NETWORK MHP HOUSTON CHAPTER QUEER COMMUNITY MENTAL HEALTH INITIATIVE (QCMHI) (4) FREE THERAPY SESSIONS PACKET

Thank you for your interest in the Queer Therapy Network MHP Houston Chapter **Queer Community Mental Health Initiative (QCMHI) (4) Free Therapy Sessions**. Your participation will help us gather valuable mental health insights to better support queer community members and their families. And although occasionally we may extend our services, resources, and support to non-queer community members, our mission remains the same.

By attending and successfully completing all **(4)** confidential therapy sessions sharing your daily mental health struggles, experiences, and thoughts, you are contributing not only to your own mental-wellbeing but a more inclusive and understanding environment for all individuals seeking therapy services, resources and support.

Your feedback is incredibly important to us. We aim to create a safe space where individuals of all gender identities and sexual orientations feel heard and respected. Your honest responses will guide us in tailoring our services to best meet the unique needs of the queer community.

We appreciate your time and willingness to be a part of this important initiative. Together, we can make a positive difference in the mental health support available to the queer community. Thank you for being a crucial part of this journey towards creating a more inclusive and affirming therapeutic environment for all.

"Taking care of your mental health is just as important as taking care of your physical health."



QUEER COMMUNITY MENTAL HEALTH INITIATIVE (QCMHI) (4) FREE THERAPY SESSIONS FORM

First Name Last Name Age:

Address

City/State Zipcode

Phone Email

Gender F M Identity L G B T Q I

Race A H Other _____

QTNMHPHC Short Mental Health Questionnaire

• Is this your first time attending therapy? **Yes** **No**

if no, please specify _____

• What makes you a great candidate for the 4 Free Therapy Sessions?

• Do you feel going to therapy will benefit your overall mental health? **Yes** **No**

if yes, please specify _____

• What do you hope to achieve by going to therapy?

""Your mental health is a priority. Your happiness is an essential. Your self-care is a necessity.""



QUEER COMMUNITY MENTAL HEALTH INITIATIVE (QCMHI) (4) FREE THERAPY SESSIONS FORM

QTNMHPHC Confidential Mental Health Research And Data

Please check the following mental health conditions that apply. If none apply check N/A.

<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	Substance Use Disorders	<input type="checkbox"/>	Borderline Personality Disorder
<input type="checkbox"/>	Bipolar Disorder	<input type="checkbox"/>	OCD	<input type="checkbox"/>	Panic Disorder
<input type="checkbox"/>	Depression	<input type="checkbox"/>	Schizophrenia	<input type="checkbox"/>	Dysthymia
<input type="checkbox"/>	Mood Disorder	<input type="checkbox"/>	Bulimia	<input type="checkbox"/>	N/A
<input type="checkbox"/>	PTSD	<input type="checkbox"/>	Anorexia Nervosa	<input type="checkbox"/>	Other _____

How would you describe the current state of your mental health? (Check all that apply)

<input type="checkbox"/>	Excellent	<input type="checkbox"/>	I am struggling	<input type="checkbox"/>	Feeling Suicidal
<input type="checkbox"/>	Good	<input type="checkbox"/>	I Need Help	<input type="checkbox"/>	Over It
<input type="checkbox"/>	Okay	<input type="checkbox"/>	I'm Tired	<input type="checkbox"/>	Overwhelmed

QTNMHPHC Free Therapy Sessions Acknowledgment (Initials and Sign)

_____ I consent to attending 4 Free Therapy Sessions offered by Queer Therapy Network MHP Houston Chapter and its partners.

_____ I agree to attend all 4 therapy sessions whether in person or virtual and will conduct myself in a professional manner.

_____ I declare that I have read this form thoroughly, I understand every question asked, and all of the given answers are correct and true to the best of my knowledge.

****Return this form to Queer Therapy Network MHP Houston Chapter Mental Health Services and Referrals at: mhsr@queertherapynetwork.com**

Client's Signature

Date

"Your mental health is a journey, not a destination. It's okay to take a break and focus on yourself."