

Anger Management/Domestic Violence

Bethany, Yates & Associates
Personal Counseling and Consulting

Information for Confidential and Professional Use Only

First Name _____ M.I. ____ Last Name _____

Address _____

City, State, Zip _____

Home Phone (____) _____

Work Phone (____) _____ Birthdate _____

Mobile Phone (____) _____ May we text/email you Yes No

May we leave a message for you at home? Yes NO Work? Yes No

e-mail address _____ Sex: Male Female

Single Married Divorced Separated Widowed Employed Student

Who referred you to us? _____

What do you hope to accomplish from this class?

Anger Management/Domestic Violence

Bethany, Yates & Associates
DOMESTIC VIOLENCE PROGRAM
 Behavioral Anger Management Program

PROGRESS REPORT

Participant:

Referral Source:

Last Name

First

M.I.

 / /
D.O.B.

Emergency Tel:

email address:

Instructor:

MODULE	DATE	FEE PAID	INITIAL	ATTENDED	INSTRUCTOR COMMENTS
Defining Anger: Good or Bad?					
Values, Self-Esteem & the Subconscious Mind					
Control Issues & Irrational Beliefs					
Anger: Our Source of Protection: Fear, Fight or Flight					
Passive, Aggressive, Assertive Behavior					
Contributing Triggers of Anger					
Fair Fighting					
Relaxation Techniques					
Keeping Rage in Check					
Building Healthy Boundaries					
First Month		Second Month		Third Month	
Progress 1 2 3 4 5		Progress 1 2 3 4 5		Progress 1 2 3 4 5	
Attitude 1 2 3 4 5		Attitude 1 2 3 4 5		Attitude 1 2 3 4 5	
Attendance 1 2 3 4 5		Attendance 1 2 3 4 5		Attendance 1 2 3 4 5	
Participation 1 2 3 4 5		Participation 1 2 3 4 5		Participation 1 2 3 4 5	