

[Residential Program Name] Group Participant List

Date:

Resident Name	Group #1	Group #2	Group #3	Group #4	Group #5	Group #6

Group	Group/Topic Name	Group Counseling	Patient Education
Group #1			
Group #2			
Group #3			
Group #4			
Group #5			
Group #6			

Group	Facilitator #1	Facilitator #2
Group #1		
Group #2		
Group #3		
Group #4		
Group #5		
Group #6		