Welcome to

Neurospicy Scenic Path

A Grounded Community for ADHD Women

Group Intake Packet

2026 | Confidential — For Clinical Use | Version 1.0

FORM 1 OF 10

Welcome & How to Use This Packet

Hello, and welcome. I am genuinely glad you are here.

This packet is your first step toward joining the **Neurospicy Scenic Path** — a six-month virtual group experience designed specifically for women with ADHD. Before we meet, I want to understand who you are, what brings you here, and how we can best support you. That is what these forms are for.

There are no right answers anywhere in this packet. This is not a test. It is a conversation starter — a chance for you to tell me about yourself in your own words, at your own pace.

What This Packet Includes

- Basic information and contact details
- ADHD history and current support
- A brief mental health screening (to help me make sure this group is the right fit right now)
- Your goals and readiness for group

- Telehealth agreement and technology checklist
- Informed consent for virtual group therapy
- Group agreements and between-session preferences
- An open space to share anything else

How to Complete This Packet

- **Take your time.** You do not need to finish in one sitting.
- **Voice-to-text is welcome.** If typing is hard today, dictate your answers and paste them in.
- **Short answers are fine.** A few words or a sentence is always enough.
- **Ask questions anytime.** If something is confusing, email me — I am happy to clarify before your intake call.
- **Skip what you need to.** If a question feels too big right now, leave it blank and we can talk about it together.

⏱ Estimated Time: 20–30 minutes

ADHD note: It is completely okay — and encouraged — to do this in sections. Complete a form, take a walk, grab a snack, come back. There is no deadline pressure here. This packet will be here when you return.

What Happens After You Submit

Once you submit this packet, your group facilitator will reach out within **2–3 business days** to schedule a brief **consult call** (usually 10-20 minutes). This call is a chance to meet each other, answer any questions you have, and confirm that this group is a good fit for where you are right now. After your consult call, you will receive a confirmation email with your telehealth link and first session date, or intake session if you are using insurance.

I am so glad you found this trail. One step at a time — let's get started.

FORM 2 OF 10

Basic Information

Please complete all fields as accurately as possible. This information is kept strictly confidential and used only for scheduling, communication, and legal/licensing purposes.

Full Legal Name

Preferred Name / Nickname

Pronouns

Date of Birth

Email Address

Phone Number

Emergency Contact

Emergency Contact Name

Emergency Contact Phone Number

Emergency Contact Relationship to You

Location & Scheduling

Address including State of Residence (required for telehealth licensing)

FORM 3 OF 10

ADHD & Diagnosis History

This section helps me understand your experience with ADHD — whether you have had a formal diagnosis for years or just recently started recognizing yourself in the description. All paths here are welcome.

1. Do you have a formal ADHD diagnosis?

Yes No In process / seeking evaluation

2. If yes, what presentation type was identified?

Inattentive presentation (formerly "ADD") Hyperactive-Impulsive presentation

Combined presentation I am not sure Not applicable

3. How old were you when you were diagnosed — or when you first recognized ADHD in yourself?

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4. Are you currently taking medication for ADHD?

Yes No Currently exploring this option

5. Are you currently working with an individual therapist, psychiatrist, or other mental health provider?

Yes No

6. If yes, please share their name and contact information (for coordination if needed — optional)

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7. Briefly describe how ADHD shows up most in your daily life

Examples: time blindness, executive function struggles, emotional dysregulation, sensory sensitivity, rejection sensitivity, sleep challenges — whatever feels most true for you.

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Mental Health History — Brief Screening

A gentle note before you begin

These questions help me make sure this group is the right fit for you right now. They are not meant to label or define you — they are simply a way for us to understand where you are today. **There are no wrong answers.** You may leave any question blank and discuss it during your intake call.

Section A — Mood & Anxiety Screening

Over the **past 2 weeks**, how often have you been bothered by the following? Please check the column that best applies.

Over the past 2 weeks…	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things				
Feeling down, depressed, or hopeless				
Trouble falling or staying asleep, or sleeping too much				
Feeling tired or having little energy				
Poor appetite or overeating				
Feeling bad about yourself, or that				

Over the past 2 weeks...	Not at all	Several days	More than half the days	Nearly every day
you are a failure or have let yourself or others down				
Trouble concentrating on things, such as reading or making decisions				
Feeling nervous, anxious, or on edge				
Not being able to stop or control worrying				
Feeling so restless you cannot sit still				

Section B — Additional Context

Have you experienced a major life crisis, loss, or trauma in the past 6 months?

Yes No

If yes, brief description (optional — share only what you are comfortable with):

Are you currently experiencing thoughts of harming yourself or others?

No Yes — I would like to talk to someone about this

If you are in crisis right now:

Please call or text **988** (Suicide & Crisis Lifeline) or go to your nearest emergency room. You do not have to navigate this alone, and there is no wrong time to ask for help.

Are you currently in a higher level of care?

(e.g., inpatient hospitalization, Intensive Outpatient Program / IOP, Partial Hospitalization Program / PHP)

Yes No

Is there anything else you would like us to know about your mental health right now?

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Group Readiness & Goals

This is one of my favorite sections. Your answers here help your facilitator tailor the group to what the members actually need. Be as honest and specific as you like — there is real value in knowing what worries you just as much as what excites you.

1. **What is drawing you to this group right now?**

2. **What do you most hope to get out of these 6 months together?**

3. Have you been in a therapy group before?

Yes No

If yes, what was that experience like for you?

4. Is there anything that worries you about joining a group?

5. On a scale of 1–5, how ready do you feel to participate in a virtual group right now?

1 = Very nervous, not sure I can do this | 3 = Cautiously hopeful | 5 = Ready to go, let's start

1	2	3	4	5

6. What would make you feel safest in this group?

7. Are there any topics or session themes you would like to flag as particularly sensitive for you?

You are not obligated to share specifics — a general note is enough (e.g., "topics related to loss" or "discussions about parenting").

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Technology & Telehealth Agreement

This group meets virtually. Please review each item below and check the box to confirm your understanding and agreement. If you have questions about any item, bring them to your intake call.

Technology Readiness

- ☐ I have access to a **private, confidential space** from which I can attend group sessions without being overheard.
- ☐ I have a device with a **working camera and microphone** capable of supporting a video call.
- ☐ I understand that if I experience **technical difficulties**, I will contact the facilitator by email or text as soon as possible.
- ☐ I agree to attend sessions from a **stationary location** — not while driving, traveling, or in a moving vehicle.

Safety & Engagement

- ☐ I understand that telehealth has limitations. If I am in crisis during or between sessions, I will call or text **988** or go to my nearest emergency room.

Session Details

Virtual Platform

Zoom

First Session Date

August 31, 2026

Session Time & Time Zone

6-7:30pm MDT/MST

FORM 7 OF 10

Informed Consent for Virtual Group Therapy

Please read this document carefully. By signing below, you confirm that you have read, understood, and agreed to the terms described. You are encouraged to ask questions about any section before signing.

1. Nature of Services

Neurospicy Scenic Path is a **virtual group psychotherapy program** facilitated by a licensed mental health clinician. The group is designed to provide psychoeducation, skills development, peer connection, and therapeutic support specifically for women with ADHD. Sessions are held virtually via video conferencing and meet on a regular schedule over a six-month period.

Group therapy is a recognized and evidence-supported treatment modality. However, it is distinct from individual therapy, and it may not be appropriate for every person at every stage of their mental health journey. Your facilitator will discuss fit with you during the intake call.

2. Telehealth: Risks and Benefits

Benefits of telehealth include increased accessibility, flexibility, and the ability to participate from the comfort and safety of your own environment — which can be particularly supportive for individuals with ADHD.

Risks of telehealth include the potential for technology failures, reduced privacy if your environment is not fully private, and limitations on the facilitator's ability to respond to in-person crises. By participating in telehealth group therapy, you acknowledge these risks and agree to take reasonable precautions (such as ensuring a private location and having emergency contacts available).

3. Confidentiality

Information shared in individual communications with your facilitator is protected by professional ethical standards and applicable state and federal law, including HIPAA. **Your personal information will not be shared with any third party without your written consent,** except in the following circumstances required by law:

- **Risk of harm to self or others:** If you disclose intent or a plan to harm yourself or another person, the facilitator is legally and ethically required to take protective action, which may include contacting emergency services.
- **Suspected abuse or neglect:** The facilitator is a mandated reporter and is required by law to report suspected child abuse, elder abuse, or dependent adult abuse to the appropriate authorities.
- **Court order:** Records may be released if compelled by a valid court order or subpoena.

4. Group Confidentiality

Because this is a group setting, **confidentiality works differently than in individual therapy.** While all group members are expected — and will be asked — to keep each other's information, stories, and identities private, the facilitator **cannot legally guarantee** the confidentiality of other group members. Participants share in group at their own discretion and with awareness of this inherent limitation.

Any breach of group confidentiality by a participant will be addressed directly and may result in removal from the group, depending on severity.

5. Right to Withdraw

This group has a 6-month, 12-session commitment. Because of your experience with ADHD and its impacts on your life, you are allowed three (3) late cancellations (waivers) for the group over the 12 sessions with no fee. If you drop out of group, you agree to be financially responsible for the remaining groups, minus any unused waivers at the full $75 rate per session. Your active participation in this group will support not only you, but other group members. If you choose to discontinue participation, please notify the facilitator as soon as possible so that appropriate transition support can be offered and the group can be informed in a thoughtful way. If you are going to miss a group, please let Bree know.

6. Between-Session Contact

Your facilitator is available for brief between-session contact via:

Email

bree@mindfulpath.us

Phone / Text

970.800.1749

Typical Response Time

24-48 hours

Between-session contact is intended for scheduling, brief check-ins, and non-urgent questions — **not for crisis support.** If you are in crisis between sessions, please contact 988 or go to your nearest emergency room.

7. Fees & Cancellation Policy

Group Session Fee

$75 – insurance is accepted for this group

Payment Schedule

Payments are collected at time of group

Accepted Payment Methods

Enrollment in Autopay is required for this group – most credit cards are accepted.

Late / Missed Session Policy / Waivers

You are allowed three (3) missed group sessions (waivers) per 12-session group without a fee. Please reach out to Bree at the above phone number if you are going to miss group.

Cancellation Notice Required

If you decide not to continue the group, please notify Bree. You will be responsible for the cost of the remaining sessions (insurance will not cover these remaining sessions), minus any remaining unused missed group waivers.

8. Scope of Services — Important Notice

Please read carefully

This group is **not a substitute for individual therapy, psychiatric care, or crisis services.** All group members are **required** to have an active relationship with an individual therapist. Participation in this group does not constitute an individual therapeutic relationship with the facilitator. If you are experiencing a mental health crisis, please seek appropriate emergency or urgent care resources immediately. If your needs exceed what a group setting can appropriately support, your facilitator will discuss referral options with you.

9. Acknowledgment & Signature

By signing below, I confirm that I have read and understand this informed consent document, that I have had the opportunity to ask questions, and that I agree to participate in Neurospicy Scenic Path Virtual Group Therapy under the terms described above.

Participant Signature

Printed Name

Date

Facilitator Signature

Facilitator Printed Name & License Number

Bree Hough, MA, LPC, Colorado License Number LPC.0013851

Date

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Group Agreements — Our Co-Created Commitments

These agreements belong to all of us. We will read through them together in Session 1, and you are warmly invited to suggest additions or changes at that time. This is a living document — it can evolve as the group does.

Please read each agreement carefully before signing at the bottom of this form.

1. 🔒 Confidentiality

What is shared in group stays in group. We do not share identifying information about other members — their names, stories, struggles, or circumstances — outside of group, in any form, including on social media.

2. 🗣️ I-Statements

We speak from our own experience. "I feel..." rather than "You always..." or "People should..." This keeps the space personal, grounded, and safe for everyone.

3. 🫂 Space for All Emotions -

We make room for the full range — joy, grief, anger, numbness, confusion, and everything between. We do not rush each other to feel better or reach a conclusion. Feelings are allowed to take up space here.

4. 🤝 Assume Positive Intent

We approach each other with curiosity before judgment. If something someone says lands in a way that stings, we practice asking about it — "I want to understand what you meant by that" — rather than reacting from assumption.

5. 🚫 Full Presence During Session

We limit distractions during our time together. Multitasking is an ADHD-friendly survival skill in the rest of life — but this hour is for us. We do our best to be here, even when "here" is imperfect.

6. 📷 Cameras Welcome

Being on camera is encouraged and appreciated, it helps everyone in the group feel safe and connected. If you need your camera off — for sensory reasons, a difficult day, or you're just overwhelmed — that is okay. Type in the chat, step away, fidget, stim. Your brain gets to be your brain here. Please come back as you can. * Insurance requires audio and video be turned on for group. If you have concerns, please let me know.

7. ⏸ The Right to Pause

Any member may step away from their screen at any time, without explanation or permission. Step outside, take a breath, regulate your nervous system. Return when you are ready. There is no shame in needing a moment. * Insurance requires active participation during sessions. If you have concerns, please let me know.

8. 🚫 Sharing vs. Advising

We share our own experiences and reflections rather than giving unsolicited advice or solutions. We trust each other to find our own answers. "When I went through something similar, I found..." is very different from "You should try..."

Your Voice Matters

Is there an agreement you would like to suggest or discuss when we meet in Session 1?

Acknowledgment

I have read and understand these group agreements. I commit to honoring them to the best of my ability, and I understand that significant violations may affect my continued participation in the group.

Participant Signature

Date

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Between-Session Support Preferences

Group happens once every two weeks — but life keeps going in between. This section helps me understand how you would like to stay connected (or not) between sessions, and what accommodations would help you show up fully.

1. Would you like optional between-session peer connection? (Outside communications are not part of the group and are not covered by HIPAA)

☐ Yes ☐ No — I prefer group time to be self-contained

If yes, what format would you prefer?

WhatsApp chat ☐ Email only ☐ Private Facebook Group Chat

Check-ins with facilitator only — I prefer not to connect with peers directly between sessions

2. Would you like to receive brief session recap notes after each meeting?

Recaps are a light summary of themes and any between-session suggestions — never a transcript or identifying details.

☐ Yes, please send these to my email ☐ No, thank you

3. Is there a specific accommodation or support that would help you participate fully in this group?

Examples: captioning or transcripts (this requires recording), reminders sent a specific way, a particular session structure, written agendas in advance, explicit transition cues, etc.

4. Welfare contact

Who can I contact if I have concerns about your wellbeing and are unable to reach you? This may be the same as your emergency contact listed in Form 2, or a different person.

Name

Relationship

Phone

☐ Same as emergency contact listed in Form 2 — no new information needed

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Anything Else?

This space is yours — entirely.

Is there anything else you would like us to know about you? Anything that would help me support you better in this group? This can be anything at all: your communication style, sensory needs, things that help you feel grounded and safe, things that have not worked in therapy before, what you wish people understood about you, or something you are proud of that has nothing to do with ADHD. You can write a paragraph, a list, a few words, or leave it blank — all of that is welcome.

Thank You, From the Bottom of My Hiking Boots and Garden Shoes 🌿

I know that completing an intake packet takes real energy — and for a brain that runs on interest-based motivation and tends to avoid multi-step administrative tasks, finishing this is genuinely no small thing. **Thank you.**

I am excited — truly excited — to welcome you to the trail. Neurospicy Scenic Path was built for you: for the woman who has spent years feeling like she is too much and not enough at the same time, who is finally learning that her brain is not broken — it is just wired differently, and it deserves a community that actually gets it.

Here is what happens next:

- Your facilitator will review this packet within **2–3 business days**.
- You will receive an email to schedule your **brief consult call** (15-20 minutes) — a chance to meet, ask questions, and confirm your spot.
- After your consult call, you will receive a **confirmation email** with your Zoom link, first session date (or intake session if you are using insurance), and a small welcome note.

Until then — rest, hydrate, and know that something good is beginning. We will see you on the trail.