Group Therapy Outpatient Appointment Planner

Group Name

e.g. Anxiety Support Group

Facilitator

e.g. Dr. Kim

Date

Time

Location

e.g. Room 203

Session Topic

e.g. Coping Strategies

Duration (minutes)

Max Participants

Status

Select

Participants

Name	Contact	Attendance	Notes
e.g. John Doe	e.g. 555-1234	-	Optional
		-	
		-	

Session Notes

Enter observations, goals, or additional session details here.