

Participant Information

Thank you for providing the following information. Your answers will help the instructor create an optimum learning environment. All answers are strictly confidential.

1. Name:

2. Date of Birth:

3. Address:

4. Mobile Phone:

Work Phone:

Home Phone:

5. E-mail:

6. How did you know about this course?

If someone referred you who?

7. What is your main reason for taking this course? (Use the back of the page to elaborate if you wish)

8. Occupation: (if retired or unemployed, what kind of work have you done in the past?)

9. Family:

Married/partnered Single Widowed Separated Divorced

Ages of children at home:

Children deceased:

Ages of grown/independent children:

No Children

10. Have you recently experienced any of the following? (if yes, elaborate on back)

death of someone close caregiver for spouse, child or parent loss of a relationship other personal crisis or past trauma
(please feel free to discuss privately with instructor)

11. Health History: (check items that apply to you, and use the back to explain in more detail)

Sleep Problems Chronic Pain Hearing impairment
 Psychotherapy: past/ present Substance Abuse past/present Eating/Weight issues
 Alcohol use Marijuana use Smoke cigarettes

12. Medical History: cancer heart attack stroke chronic fatigue diabetes epilepsy

depression suicidal thoughts or attempts self harm psychosis ptsd

Hospitalization: surgery Injury illness mental health

Other health issues: (describe)

13. Prescription Medications for: depression bipolar disorder anxiety panic sleep

blood pressure cholesterol diabetes pain seizure disorder

attention deficit disorder other _____

14. Activities: What do you do or have you done in the past for fun and enjoyment? (Use the back of the page to elaborate)

15. Do you have any concerns about participating in this class? (if yes, elaborate on back)

16. Would you like a call from the instructor to discuss concerns before beginning the class?