

MBSR Participant Information

1. Name

2. Date of birth:

3. Address:

4. Phones:

Home:

Mobile :

Work:

5. Email:

6. How did you know about this course?

7. Did someone refer you? a friend health care provider self

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

9. Would you prefer Daytime class (11:00am-1:30pm) Evening class (6pm-8:30pm)
 either would work

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

11. Family:

single married/partnered widowed separated divorced

no children children at home (ages?):

children grown/independent children (ages?)

Children deceased?

12 Have you experienced any of the following in the past year? (if yes elaborate on the back if you Wish)

death of someone close loss of a relationship become a caregiver for spouse, child, parent or friend

other past trauma or personal crisis (feel free to discuss this with the instructor privately)

13. Health History (check items that apply to you; use the back to elaborate if you wish)

- sleep irregularities chronic pain hearing impairment
- psychotherapy (past/present) substance use issues (past/present)
- eating/weight issues (past/present) Alcohol use Marijuana use
- nicotine: smoke/ chew caffeine

14. Medical History: (check all that apply)

- cancer heart attack stroke chronic fatigue diabetes
- epilepsy depression panic attacks self-harm psychosis
- PTSD

15. Hospitalization/Inpatient:

- surgery injury Illness
- mental health Other inpatient treatment:

16. Prescription Medications for: (check all that apply)

- depression bipolar disorder anxiety
- panic sleep blood pressure
- cholesterol diabetes pain
- seizure disorder ADD/ADHD Other?

17. Activities: What do you do or have you done in the past for fun and enjoyment?

18. Safety Plan: I would call **support person** _____ **Phone#** _____ should an emergency developed during online class. The above person has been informed , and has consented to be my backup. I would **call 911** if my support person is not available. **Initial:** _____

19. Do you have any concerns about taking this class?

20: Would you like a call from the instructor before taking the class? Yes No