



## MBSR Participant Application

Dear Participant,

By filling in this form, you will enable me to maximize my effectiveness as your instructor. I hope the experience of this program will be a beneficial one. Upon receiving this form, I will call you to set up a phone discussion.

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Name and phone number of contact person in the case of an emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation/work status: \_\_\_\_\_

Single/Partnership/Married/Divorces/Widowed: \_\_\_\_\_

Number of Children: \_\_\_\_\_ If applicable Number of Miscarriages: \_\_\_\_\_

Name and number of Primary Care Physician: \_\_\_\_\_

Are you currently under medical treatment or supervision? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medications and dosages: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Surgeries include the dates and type of surgeries. Please include post-surgical recovery information such as whether the recovery was smooth, complicated and if it was complicated why?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Quality of Sleep: \_\_\_\_\_

Average number of hours of sleep per night: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_

What kind of exercise do you manage to do each week/Frequencies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cigarettes per day: \_\_\_\_\_ Caffeinated drinks per day: \_\_\_\_\_

Alcohol/Recreational Drug Use/Frequency: \_\_\_\_\_

\_\_\_\_\_

History of substance abuse: \_\_\_\_\_

\_\_\_\_\_

Are you currently participating in therapy/counseling for mental health reasons? \_\_\_\_\_

Name of Therapist and phone number: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are the top three things you care about most? \_\_\_\_\_

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What gives you the most pleasure in your life? \_\_\_\_\_

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What are your greatest anxieties? \_\_\_\_\_

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Is there anything else that you might want me to know about you? \_\_\_\_\_

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Thank you for taking the time to fill in this form.

Email form to [Exploreyourinnervision1@outlook.com](mailto:Exploreyourinnervision1@outlook.com)