



Application Questions for Using Mindfulness Based Stress Reduction to Improve Medical Outcomes

FULL NAME _____	BIRTH DATE _____	GENDER _____
<small>FIRST MI LAST</small>		
SS# _____	ADDRESS _____	CITY _____ STATE _____ ZIP CODE _____
<small>STREET/APT</small>		
HOME PHONE _____	CELL PHONE _____	EMAIL _____
*is it okay to call or leave a message at home? <input type="checkbox"/> Yes <input type="checkbox"/> No	*is it okay to send email? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*is it okay to call or leave a message on your cell? <input type="checkbox"/> Yes <input type="checkbox"/> No	*is it okay to send text message? <input type="checkbox"/> Yes <input type="checkbox"/> No	

What do you hope to accomplish by joining this group?

What medical diagnoses do you currently have?

What mental health diagnoses do you currently have?

What medications are you on?

Name	Prescriber	Condition



Who are your medical and/or mental health providers?

Name: _____ Specialty: _____ Contact: _____

Name: _____ Specialty: _____ Contact: _____

Name: _____ Specialty: _____ Contact: _____

Other: _____

What treatments have you tried to manage your current health conditions?

Do you know if you are able to sit for long periods of time and do yoga poses? Yes No Unsure, _____

Have you had any suicidal ideation or thoughts of self harm in the past 3 months? Yes No

Do you have a history of suicidal ideation or self harm? Yes No

Are you using drugs or alcohol currently? Yes No

If you answered yes, please complete the following.

Substance: _____ Amount: _____ Frequency: _____

Substance: _____ Amount: _____ Frequency: _____

Client Agreement

- I understand that this group is designed to add to my current medical and mental health care, not replace my current services.
- I agree to do the homework assignments to the best of my ability, recognizing that they are essential to progress.
- I agree to consult with my doctors regarding what yoga poses I can do safely.
- I agree to follow directions of my doctors and therapist regarding what I can and cannot safely do of the group curriculum.
- I agree to inform the group lead of any limitations I have regarding sitting for long periods or doing yoga poses.
- I agree to hold other group members names and information confidential.
- I agree to attend all sessions to the best of my ability.

Client Name

Client Signature

Date