

MINDFULNESS-BASED STRESS REDUCTION

8 Week Program

REGISTRATION FORM

DATES - SEPTEMBER 30 - NOVEMBER 18 Thursday evenings 6:30-8:30pm

LOCATION - M'Illumino Studio, 6921 Roosevelt Way NE, Seattle WA 98115

FREE INFORMATION & REGISTRATION SESSIONS

September 15, 5:30-6:30pm - Dragonfly Holistic Healing, 760 N 34th St. Seattle, WA 98103

September 16, 6:30-8:00pm - Seattle Healing Arts, 6300 9th Avenue NE, Seattle, WA 98115

Attendance highly recommended!

COST-Tuition & Materials - **\$225 includes**

- 8 weekly 2 hour classes
- Day-long Mindfulness Retreat October 30th
- All practice materials- Mindfulness Workbook, Handouts, Assignments, Educational Resources and CDs of Meditation, Body Scan and Mindful Movement/Yoga.

Reduced Tuition & Materials Fee - \$190. If you are experiencing financial distress or hardship, you may pay the reduced rate of \$190.

Class size is limited -early registration is strongly recommended- classes often fill!

REFUND POLICY

Withdrawal from the program after September 1st – Tuition & Materials Fee refunded minus \$30

Withdrawal from the program after October 1st - no refund

TO REGISTER

1. Pay Tuition on my website at www.mindful-therapy.net/MBSRclass.html

Click on the **“PAY NOW”** button. This will take you to a PayPal site.

Note- you do not have to have a PayPal account- you can pay with any major credit card.

Contact me if you are unable to pay online.

2. Mail Completed Registration Form. Print it out, fill out all pages, sign it and mail to:

Erica Rayner-Horn MA, P.O. Box 1256, Langley, WA 98260.

NOTE- Your registration is complete and your place in class reserved when BOTH Tuition & Materials Fee and mailed Registration Form are received!

erica@mindful-therapy.net

www.mindful-therapy.net

CONFIDENTIAL INFORMATION

Thank you for filling out this Information Form. I realize the personal nature of these questions,
Please be assured that the information is kept in strict confidence.

Participant's Name (printed) _____ Date _____
Address: _____ City _____ State _____ Zip _____
Email address: _____ Permission to communicate by email _____
Cell Phone: _____ Home Phone _____ Work Phone: _____
Which number do you prefer me to call and/or leave message? _____
Date of Birth: _____ Occupation _____
Marital Status: (please circle) Single Married Divorced Living Together Widowed Other

EMERGENCY CONTACT

Whom should I contact in case of emergency? _____
Relationship to you? _____ Home Phone _____
Work Phone: _____ Cell Phone _____

MEDICAL INFORMATION

Name of Primary Care Provider: _____ Phone Number: _____
Are you dealing with any physical health problems? Yes No
If so please describe? _____
Are you currently taking any medications for physical health conditions? Yes No If so, please state:
Name of Medication(s) _____
Name of Medication(s) _____
Hospitalizations (reason & year) _____
Are you currently seeing a mental health professional? Yes No
Have you been diagnosed with a mental health condition? Yes No
If so, please state: _____
Are you currently taking any medications, herbs or supplements for depression or any other mental health condition? Yes No. If so, please state:
Name of Medication(s) _____ Dosage _____
Name of Medication(s) _____ Dosage _____
Hospitalizations (reason & year) _____

SUBSTANCE USE INFORMATION

How often do you drink alcohol? _____ How much do you drink? _____
Do you use recreational drugs? _____ How often? _____

REFERRAL SOURCE

Physician (name)_____ Other Health Provider (name)_____
Friend/Class member (name) _____ Website _____
Other _____
Brochure _____ Article _____ Other _____

What is your main reason for participating in the Stress Reduction Program? _____

Please circle what is most stressful in your life at present – Work Relationships Health Finances Other
Please describe _____

What are the current ways you manage stress? _____

What are your greatest worries? _____

What do you care about most in your life? _____

What gives you pleasure? _____

What are your greatest hopes? _____

What changes would you like to make in your life? _____

Please Describe your Physical Health

Weight _____ Height _____ Do you smoke? _____ # of caffeinated drinks per day? _____

Do you eat a balanced diet? _____ Do you exercise? _____ How often? _____

What are your biggest physical challenges? _____

Are you currently experiencing any of these? Please circle answer and add any comments

Frequent or severe headaches- Yes No _____

Loss of balance/ dizzy spells- Yes No _____

Coughing- Yes No _____

Chest pain- Yes No _____

Shortness of breath with normal activity- Yes No _____

Irritable Bowel Syndrome- Yes No _____

Muscle and joint pain- Yes No _____

Trembling/Numbness- Yes No _____

Skin problems - Yes No _____

Loss or gain in weight- Yes No _____

Loss of appetite- Yes No _____

Unusual fatigue- Yes No _____

Difficulty sleeping- Yes No _____

Difficulty making decisions- Yes No _____

Lack of concentration- Yes No _____

Absentmindedness/loss of memory- Yes No _____

Please describe your emotional health. _____

What are your biggest emotional challenges?

Are you currently experiencing any of these? Please circle answer and add any comments

Difficulty relaxing- Yes No _____

Frequent crying- Yes No _____

Hopeless outlook- Yes No _____

Worrying a lot- Yes No _____

Frightening dreams or thoughts- Yes No _____

Feeling anxious -Yes No _____

Angered easily- Yes No _____

Annoyed by little things- Yes No _____

Feeling depressed- Yes No _____

Feelings of desperation- Yes No _____

Have considered suicide- Yes No _____

Sexual difficulties- Yes No _____

Family/relationship problems- Yes No _____

Problems at work- Yes No _____

Here is a list of problems people sometimes have.

Please read each carefully and write the number in the blank that best describes how much this problem has distressed or bothered you during the past week.

0-Not at all	1-A little	2-Moderately	3-Quite a lot	4. Extremely
--------------	------------	--------------	---------------	--------------

____ Feeling tense or keyed up

____ Feeling easily annoyed or irritated

____ Pains in heart or chest

____ Feeling that people cannot be trusted

____ Temper outbursts you could not control

____ Feeling others are to blame for your troubles

____ Poor appetite

____ Feeling lonely even when you are with people

____ Feeling blocked in getting things done

____ Feeling blue/ no interest in things

____ Feeling fearful

____ The idea someone can control your thoughts

____ Feeling people dislike you

____ Thoughts of ending your life

____ Feeling inferior to others

____ Trouble falling asleep

____ Difficulty making decisions

____ The idea you should be punished

____ Hopeless about the future

____ Trouble concentrating

____ Having urges to injure or harm someone

____ Having urges to break things

____ Spells of terror or panic

____ Never feeling close to another person

____ Thoughts of death or dying

____ Getting into frequent arguments

____ Having to check or double-check what you do

____ Feeling so restless, you could not sit still

____ Feelings of worthlessness

____ Feelings of guilt

Please read the following statements using the scale provided.

Write the number in the blank that best describes what is generally true for you.

1. Never	2. Rarely true	3. Sometimes true	4. Often true	5. Very often/ always true
----------	----------------	-------------------	---------------	----------------------------

- _____ I am good at finding words to describe my feelings, beliefs and opinions
- _____ I don't pay attention to what I'm doing because I'm daydreaming, worrying or distracted
- _____ I tell myself I shouldn't be thinking the way I am thinking
- _____ I tell myself I shouldn't be feeling the way I am feeling
- _____ My feelings are easily hurt
- _____ I feel a sense of purpose in my life
- _____ Even during difficult times, I know things will be okay
- _____ I find comfort in my faith and spiritual beliefs
- _____ When something painful happens, I tend to blow the incident out of proportion
- _____ I believe some of my thoughts are abnormal and I shouldn't think that way
- _____ I think some of my emotions are bad or inappropriate and I shouldn't feel them
- _____ I pay attention to sensations such as the wind in my hair or the sun on my face
- _____ I feel compassion for others in their difficulties
- _____ When I see aspects of myself I don't like, I get down on myself
- _____ I am able to forgive others from harm they have caused me
- _____ I feel forgiven for any harm I may have caused others
- _____ In difficult situations I can pause without immediately reacting
- _____ When I have a sensation in my body, it is difficult for me to describe it
- _____ It seems I am running on automatic without much awareness of what I'm doing
- _____ My life lacks meaning or purpose
- _____ I feel a sense of thankfulness for my life
- _____ When I fail at something important, I try to keep things in perspective
- _____ I try to be understanding and patient to those aspects of my personality I do not like
- _____ When I have distressing thoughts or images I judge myself as good or bad
- _____ When I have distressing thoughts or images I am able to just notice them without reacting

Please List 3 Goals you have in taking the Stress Reduction Program

- 1. _____
- 2. _____
- 3. _____

AGREEMENT

1. I understand that the Stress Reduction Program includes skill training in relaxation and meditation methods as well as gentle stretching (yoga) exercises.
2. I understand that if for any reason I am unable or think it unwise to engage in these exercises either during the weekly sessions or at home, I'm under no obligation to engage in these techniques nor will I hold the above named instructor liable for any injury incurred during these exercises.
3. I understand that to experience the most benefit from the Stress Reduction Program I am expected to attend each of the 8 weekly sessions, the day-long Mindfulness Retreat and practice the home assignments during the duration of the course.
4. I understand that the Tuition & Materials Fee of \$225 must be paid in full before the class begins. (Reduced Tuition & Materials Fee- \$190.) I understand the Refund Policy- withdrawal from the program after September 1st -fees will be refunded minus \$30; withdrawal from the program after October 1st- no refund.
5. I understand that the Tuition Fee includes 8 weekly 2 hour classes; interactive class discussion, day-long Mindfulness Retreat and all Practice Materials- Mindfulness Workbook, Handouts, Assignments, Educational Resources and 3 CDs of Meditation, Body Scan and Mindful Movement/Yoga.
6. I agree to use the class handouts and practice materials for my own personal use only and not to make copies of written materials or CDs and distribute them without written permission.

Participant's Name (printed) _____

Participant's Signature _____ Date _____

Permission to use Participant's Quotes

Occasionally I may use quotes from participants in the Stress Reduction Program for marketing materials in newspapers, brochures, magazine articles or testimonials on my website or elsewhere. May I have your permission to use your quote?

Please circle YES or NO

You may use my direct quote in its entirety- Yes No

You may use my full name in conjunction with the quote- Yes No

You may only use my initials in conjunction with the quote- Yes No

I would be willing to speak to reporters or journalists. You may provide my name and telephone number (no clinical information will be given) - Yes No

Participant's Name (printed) _____

Participant's Signature _____ Date _____

Thank you-I greatly appreciate the generosity of your permission.