

MINDFULNESS-BASED STRESS REDUCTION (MBSR)

Intake Questionnaire

Thank you for filling out these forms. We realize the personal nature of these questions. Please be assured that the forms will be kept in strict confidence and in full compliance with HIPAA laws. The information you provide will be of great help to us in assisting you with common issues that may arise.

*Please note that this questionnaire will be held by Dr. Chiaramonte and that the information contained will **never be shared with anyone**. No record shall be kept after the course.*

Please Print Clearly

Name: _____

Address: _____

Town _____ Zip _____

Telephone #: Home: (_____) _____ Cell: (_____) _____

Please mark preferred phone number with an *

Please note that classes will be conducted via Zoom. After you register, you will receive an email including instructions and a link to join the zoom session.

E-mail: _____

Please print clearly

How did you hear about this course?

1. What is your main reason for participating in the MBSR Course?

2. Please list current significant medical problems/concerns

3. Please list current medications:

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

4. Are you currently in psychotherapy? Yes _____ No _____

If you answered yes, please briefly describe your condition and anything you think is relevant for us to know in order to be attuned to your situation.

5. Have you been diagnosed with Post-traumatic stress disorder (PTSD)? Yes _____ No _____

6. Is your therapist aware that you will be taking the MBSR course? Yes _____ No _____ .

If not, please consider letting your psychotherapist know that you will be taking the course as this course involves an 'inward journey' that is relevant to and synchronistic with psychotherapy.

7. Do you have difficulty falling or staying asleep? Do you wake up earlier than you would like?

8a. How many hours of sleep do you get per night? _____ 8b. How many would you like to get? _____

8. Do You Smoke? Yes _____ No _____ If Yes, How much? _____

9. How many caffeinated Drinks Per Day: _____
10. Do you use recreational drugs such as marijuana? Yes _____ No _____ If yes, how often?
11. How many times per week do you drink alcohol? _____
12. If you have a history of alcohol or drug abuse or addiction, please describe.
13. What are your greatest worries/stressors?
14. What brings you the most pleasure in life?
15. Do you have experience with meditation? Yes _____ No _____ If yes, please describe your experience:
16. Any experience with yoga? Yes _____ No _____ If yes, please describe your experience:

PLEASE LIST 2 or 3 PERSONAL REASONS YOU HAVE FOR TAKING THE MBSR COURSE:

1)

2)

3)

Is there anything else that you would like the instructor to know?

MINDFULNESS-BASED STRESS REDUCTION (MBSR) COURSE

INFORMED CONSENT AGREEMENT

The benefits and risks of the Mindfulness-Based Stress Reduction (MBSR) Program were explained to me in detail. This includes skill training in relaxation and meditation methods as well as gentle stretching (yoga) exercises. I understand that if for any reason I am unable to, or think it unwise to engage in these techniques and exercises either during the weekly sessions or at home, I am under no obligation to engage in these techniques nor will I hold the above named facility or its instructor liable for any injury incurred from these exercises.

Today's Date

Please Print Name

Signature