

DATE _____

Mindfulness Based Stress Reduction Program

The Leggett Group

Instructor: Robert Bonazoli, LICSW

Thank you for filling out these forms. We realize the personal nature of these questions. Please be assured that the completed forms are kept in strict confidence, and are for use only by the instructor in guiding the class.

Name: _____

Address: _____

Home: (____) _____

Work: (____) _____

Cell: (____) _____

E-mail: _____

Occupation: _____

Year of Birth: _____

Gender (please circle): MALE FEMALE OTHER (please specify) _____

How did you find out about this class?

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

Family Information: (please circle your response)

Single Married Partnered Separated Divorced Widowed

Do you have children? YES NO If yes, ages _____

Do you have close friends? YES NO

Who is your closest emotional support: _____

Sleep Quality: _____

Weight: _____ Height: _____

Do You Smoke? _____ If Yes, How much? _____

Caffeinated Drinks Per Day: _____ High Sugar Drinks per day: _____

Do You Eat a Balanced Diet? _____ Do You Exercise? _____

Do You Use Drugs or Alcohol? _____ How Much? _____

Any History of Substance Abuse (If relevant): _____

If so, are you currently in a recovery program? _____

Any current significant medical problems? _____

Do you take prescription medications? (Please list):

Are you currently in Therapy? _____

Do you currently suffer from Post Traumatic Stress? _____

If so, have you received treatment for PTSD? _____

Have you ever considered suicide? _____

Have you been hospitalized over the past year? _____ If so, why? _____

What do you care about most? _____

What gives you the most pleasure in your life? _____

What are your greatest worries? _____

Is there anything else you would like me to know?

List 2 or 3 target goals you'd like to "achieve" as a result of your participation in the MBSR program:

- _____
- _____
- _____

Thanks for taking the time to fill this out.

MINDFULNESS BASED STRESS REDUCTION COURSE

**The Leggett Group
Robert Bonazoli, instructor**

INFORMED CONSENT AGREEMENT

In any practice there are risks and benefits associated with participation. While it is difficult to anticipate all risks, or indeed all benefits, we are obligated to alert participants that such risks and benefits are possible.

Risks:

In all physical activity assigned within class or as home practice, it is important that you take care of yourself. Please make sure to stop any exercise where you feel pain. Explore the boundaries of your limits and do not go beyond them. Working with this practice can heighten feelings of sadness, anger, fear and anxiety. These feelings may be more apparent because you are being encouraged to pay attention to them. If you have a pre-existing psychological condition, a history of abuse, drug use or trauma, these reactions can be heightened. MBSR can be an adjunct, but not a substitute for, professional care. Please be sure to inform Robert or the Leggett Group of any pre-existing conditions that may limit your participation.

Benefits:

The practice of mindfulness has been shown in clinical trials to increase awareness and concentration. It can lead to a greater capacity for coping with stress and a shift in one's relationship to painful experiences. People who practice mindfulness regularly develop a greater capacity to care for themselves. Finally, while there is no guarantee, research indicates many physical and mental health benefits. Some of these benefits will be explored throughout the course.

I have read and understand the above risks and benefits and give my consent to participate in the MBSR program offered by the Leggett Group.

Participation in this course 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 at the Leggett Group 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.

The program is designed to engage participants in developing a personal mindfulness practice. Individuals seeking training for professional purposes must attend teacher trainings provided by accredited mindfulness centers in the US and abroad.

Furthermore, I understand that I am expected to attend each of the eight (8) weekly sessions, the day-long session and to practice the home assignments for 40-60 minutes per day during the duration of the course.

Date

Please Print Name

Signature