**Mindfulness Meditation**

Intake Form

*We realize the personal nature of the following questions and appreciate your time in completing these forms. Please be assured that the information is kept in strict confidence and remains in our office only.*

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Street

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State Zip Code

Telephone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*\*\*

 Home Cell

**\*\*\* Please circle which phone number you would like us to contact you at regarding the course.**

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*May we use your contact information to send announcements about future programs? Yes No*

How did you hear about this program?

\_\_\_\_\_\_ website

\_\_\_\_\_\_ flyer/brochure

\_\_\_\_\_\_ friend/ co-worker (if so, who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_\_ mailing

\_\_\_\_\_\_ healthcare professional (if so, see next question)

If a Healthcare Professional (physician, therapist, nurse, etc.) referred you, please provide his/her contact information below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Healthcare Professional who referred you

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

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Phone Number

**Medical Information**

Please list your current conditions:

|  |  |  |
| --- | --- | --- |
| **Condition**Check all that apply: | **How long**(in years) | **Comments** |
|  | Anxiety |  |  |
|  | Arthritis |  |  |
|  | Cancer—Current |  |  |
|  | Cancer—Past |  |  |
|  | Depression |  |  |
|  | Diabetes |  |  |
|  | Fibromyalgia |  |  |
|  | Gastro-intestinal |  |  |
|  | Heart disease |  |  |
|  | Hypertension |  |  |
|  | Sleep problems |  |  |
|  | PTSD, Trauma |  |  |

Do you have chronic physical pain? (Pain for 3 months or longer) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how long have you been in chronic pain? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What part(s) of your body is (are) in chronic pain? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you experienced a significant loss recently? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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**Please Note:**

If you are currently under the care of a psychiatrist or psychotherapist, we would like you to review your participation in this mindfulness meditation class with him or her to ensure it is consistent with the goals of your therapy.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you currently manage stress/stressful situations?

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Have you ever meditated before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what type of meditation did you do and how many months/years did you practice?

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Are you currently meditating regularly? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how frequently, how long are your sessions and what type of meditation do you practice?

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Have you experienced anything unusual while meditating? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please describe what you hope to achieve in taking this mindful meditation class:

1)

2)

3)

Please bring this completed form to your scheduled orientation meeting. Thank you.

For staff use only:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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