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Mindfulness Based Stress Reduction Spring 2017

NAME _____ DATE _____

How did you find out about the MBSR program? _____

What contributed to your decision to sign up _____

What might make you quit before completion? _____

What are 3 ways you hope to benefit from the Mindfulness Program?

Significant current stressors _____

Significant medical conditions _____

Current medications _____

Significant previous surgeries /injuries /health problems _____

History of loss or trauma _____

History of counseling/ psychiatric care?

If you are in care would you please provide the name and phone number of your therapist and indicate if it would be ok with you for us to speak with each other after discussing with you if that would be helpful

What do you care about most? _____

What gives you the most pleasure in your life? _____

What are your greatest worries? _____

What do you usually do when you feel overwhelmed or stressed out__

Previous experience with yoga, or meditation? _____

Anything else you want to share?

