**MBSR Background Information Form**

Please provide the following background information. This information will only be read by the course facilitator, Michael LaValle, Ph.D. If you feel uncomfortable answering any questions, simply leave it blank or ask me to have a private conversation before the course begins. Thank you.

**Name and Address** ……………………………………………………………………………………………………………..

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**Occupation** …………………………………………………………………………………………………………………………

**Date of birth** ……………………………………………………. **Cell phone …………………………………………..**

**How do you self-identify your gender?** ……………………………………………………………………………..

**Do you identify as a person of color?** [ ]Yes [ ]No

**Will you be attending MBSR with a significant other (spouse, relative, friend)?** If so, please list their name/names:…………………………………………………………………………………………..

**Do you have a regular practice of meditation?** If so, what type and how many years have you been practicing? It’s not necessary to have any experience of meditation prior to this program.

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Do you have any meditation *retreat* experience? …………………………………………………………………..

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**Do you have any physical illness or limitation that may impact your participation in the program?** [ ]Yes [ ]No If yes, please describe. …………………………………………………………………….

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**Are you currently seeing a therapist or counselor?** [ ]Yes [ ]No

If so, is your counselor aware you are attending this course? [ ]Yes [ ]No

In the unlikely event of a psychological emergency, may we contact your counselor? If so, please provide contact information:

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**Are you currently taking psychoactive medication, or any medication that may affect how you feel during MBSR?** If so, please provide details.

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**Why are you interested in participating in MBSR this time?** Please be advised that MBSR is primarily designed for personal growth and development.

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**What are you hoping to change in your life as a result of taking this course?**

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**Are there any stressful life circumstances that might make this program difficult for you at this time** (e.g., recent loss of a loved one or job, substance use, fasting).

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**Is there anything else that might be helpful for the facilitator to know at this time?**

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*I understand that my participation in this program is entirely voluntary and I am free to withdraw at any time without penalty or prejudice, except for the non-refundable course fee. At the present time, I am planning to participate in the entire course (including the 7-hour retreat), and to practice mindfulness meditation formally at least 40 min/day.*

**Signature**: …………………………………………………………………………… **Date**: …………………………………..