

Mindfulness-Based Stress Reduction Workshop Intake Questionnaire

Please provide the following contact and background information; this information will serve as one way to introduce us in preparation for the Mindfulness-Based Stress Reduction workshop.

Please print all of your responses carefully.

Name _____

Address _____

City, State, Zip _____

Phone number _____

E-mail _____

Please list/describe any mind body or contemplative practices (e.g. mindfulness meditation, TM, yoga, prayer, etc.) that you participate in regularly.

_____	Length of practice _____
_____	Length of practice _____
_____	Length of practice _____

Have you had any mind body (i.e., Yoga, Tai Chi, Centering Prayer, etc.) or contemplative training?

What is your profession and responsibilities?

Are there any health conditions that I should be aware of during this training (physical conditions, illnesses, medications, mental health issues, depression, etc.); and if so, have you talked with your counselor, doctor, or mental health professional about participating in a mindfulness program?

What do you want to get out of this program, that is, your primary reason(s) for taking this workshop?

Is there any other information that you would like to share in preparation for this program?

1) How did you hear about us? Please check all that apply.

- Email
 - Athens Banner Herald
 - Flagpole
 - WUGA Radio
 - Facebook
 - Friend
 - Doctor recommended
 - Yelp!
 - Other
-
-

Please email/scan or mail your completed information Mike Healy at mfhealy@bellsouth.net or mail to Mindful

Living Center, 235 McDuffie Dr., Athens, GA 30605

If you have any questions about the program prior to its beginning, please contact Mike Healy at mfhealy@bellsouth.net or 706-543-0162

Looking forward to meeting you.

Mike Healy www.MindfuLiving.org
235 McDuffie Drive, Athens, GA 30605