# Mindfulness-Based Cognitive Therapy 8-week Class Program Registration Form

Please complete this Registration Form and the Pre-Program Questionnaire. Both should be returned attention to Laurel Hicks at Breathe (420 Kildare) or by email, laurelmhicks@gmail.com

Payments may be made online at [www.breathepilatesandfitness.com](http://www.breathepilatesandfitness.com) or in person at Breathe. Total cost is $395.

[Please print clearly]

Name: ………………………………………………………………………………………

Address:…………………………………………………………………………………….

………………………………………………………………………………………………

Postal Code: ……………………………………

E-mail: ……………………………………………………………………………………… Telephone/landline………………………………………………..

Telephone/mobile…………………………………………………

Date of Birth: ………………………………………………

Male/Female: ………………

Occupation: ……………………………………………………………………………………

Please indicate which program you are registering for, by stating the program start date

…………………………………………………………………………………………………

We will contact you, by telephone, on receipt of your booking, to discuss any questions you or we may have and if the program is not right for you at this time we will return your payment.

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

### Pre-Program Questionnaire

The aim of this program is to promote awareness of your mind and body through the cultivation of mindful awareness. It is suitable for people wishing to enhance their general physical and mental wellbeing. The program is not being offered as a treatment for any specific physical or psychological conditions. It is not suitable for people who are currently experiencing very severe problems in these areas.

Please let us know if you have any simple health care needs that we can accommodate. We are unable to take responsibility for any aspect of your health care, during or after the program.

## Physical condition

Do you have any limitation on your physical mobility that might make sitting, standing, walking or gentle yoga difficult for you? If yes, please describe.

## State of mind

Are there any present circumstances which might be placing you under additional stress or make meditation difficult for you e.g. depression, anxiety, psychotic illness, drug and/or alcohol dependency issues, stressful life changes (e.g. bereavement, loss of home, job etc)? If yes, please describe.

## Medication

Are you currently taking medication for any physical or psychological conditions? Please specify condition and medication.

## Your reasons for wanting to attend the program

Why do you want to come on the program (e.g. physical health, mental health, stress, self-development, etc)?

What do you hope to gain?

### Undertaking

I undertake to be responsible for my own wellbeing during the 8 week Mindfulness program.

Yes No (circle one)

## Name…………………………………………………………………………………………………………………..

(please print in block capitals)

Signature………………………………………………….. Date………………………