Mindfulness-Based Stress Reduction (MBSR)
Course self assessment form

YOGASMITHS

Thank you for completing this MBSR self assessment form.

It is essential to ensure that the MBSR is suitable for every participant at this time. With this in mind some of the questions have to be personal in nature and the form is comprehensive. Please take your time reading and completing the form. Please be assured that the information provided will be kept in the strictest confidence. In some situations we may need to contact you if we require further information.

If you would like to discuss any of the questions on this form with us then please give us a call on 07834 268052 (Paul) or 07809 298478 (Steve) or by email at enquiries@yogasmiths.org

Name:

Date of Birth:

Address:

Telephone number:

Email address:

GP details:

Emergency contact name:

Emergency contact telephone number:

General Health:
Do you have any **current physical** health conditions (eg. asthma, eye conditions, back problems, joint problems, high or low blood pressure, diabetes, spinal injury, etc)?

Yes / No (please circle)

If 'Yes' please detail below:

Do you have any **past physical** health conditions?

Yes / No (please circle)

If 'Yes' please detail below:

Have you had any recent operations (in the last two years)?

Yes / No (please circle)

If 'Yes' please detail below:

Are you / could you be pregnant or have you given birth recently?

Yes / No (please circle)

If 'Yes' please detail below:

Do you have any **current mental** health conditions?

Yes / No (please circle)

If 'Yes' please detail below:

Do you have any **past mental** health conditions?

Yes / No (please circle)

If 'Yes' please detail below:

Are you currently undergoing any form of psychological therapy such as counselling or therapy with a psychologist?

Yes / No (please circle)

If 'Yes' please detail below:

During the last month have you felt suicidal?

Yes / No (please circle)

Please list any medication that you currently take:

Do you have an active or recent physical addition to alcohol or drugs?

Yes / No (please circle)

If ‘Yes’ please detail below:

Have you recently gone through difficult life events for example bereavement, divorce, job loss, relationship/family problems, house move or other major change?)

Yes / No (please circle)

If ‘Yes’ please detail below:

Do you have any history of trauma?

Yes / No (please circle)

If ‘Yes’ please detail below:

Briefly, why do you would like to take the MBSR course?

Where did you hear about this MBSR programme?

Terms and Conditions

By submitting the self assessment form, you are confirming that the contents are true and accurate to the best of your knowledge. Please notify your teacher of any changes to your responses given in this self assessment form before participating in, or during the MBSR course.

If you are in any doubt as to whether you are fit to safely participate in the MBSR course you must obtain professional or specialist advice from your doctor before participating. Your teacher is not medically qualified to determine this.

The cost of the course is non-refundable.

Name _____

Date of completion of form: _____

GDPR Statement

In order to comply with the General Data Protection Regulations (GDPR), it is necessary for me to check whether or not you are happy for me to retain your contact details, and to send you information that I think may be useful to you, including training and events, and relevant updates. I only hold information when it is necessary to do so in order for me to carry out my work, and when you have given me permission to do so. To ensure that I only communicate with you in the manner of your preferred choice, please will you indicate below, your agreement, or otherwise, to the following means of communication:

Email: Yes / No (please circle)

Phone: Yes / No (please circle)