

## Mindfulness Based Stress Reduction with Dr. Nicole Tetreault

Date \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

phone number ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_ phone \_\_\_\_\_

Occupation \_\_\_\_\_ Number of hours currently working \_\_\_\_\_

Retired \_\_\_\_\_ Unemployed at the time \_\_\_\_\_ Student \_\_\_\_\_

How did you hear about this MBSR course? \_\_\_\_\_

Who referred you?

Are there any previous significant injuries, physical and behavioral health conditions that may impact your experience or participation in the class?

Any previous experience with meditation? Mindfulness-Based programs?

How does stress affect you in your daily life?

Medical Conditions and medications (if any):

What are you most worried about?

What are your coping skills and how effective are they in living with stress?

What supports your well-being?

What gives you the most pleasure in life?

Is there anything else you'd like to share?

Any history of trauma? (sometimes meditation is contra indicated)  
If so, focus on breath sounds, or body sensations, especially hands or feet.

What are your goals for taking this program? (support for clarity and realism)

What do you deeply care about? What brings you joy?

Get agreement to:

- Hold everything others say as confidential (we don't record the discussions in the sessions)
- Mindfulness: explore with kindness—to find out more about the mind and body
- Practice the home assignments to best of their ability (1-hour day)
- Attend every session or let me know if need to be absent, leave early or arrive late