

Pre-Screening Form for Mindfulness Course

General Details:

Name:	Year of Birth:
Address:	
Phone:	Email:
Emergency Contact (name and phone):	

How did you hear about the course?

☐ Friend ☐ Program ☐ Website
☐ Another Center/Teacher ☐ Advertisement

Please provide details if possible: _____

Personal Information

The following information is strictly for the confidential use of the course teacher. Please answer these questions fully to enable the teacher to guide you appropriately.

Disclosure of any physical/psychological history will not necessarily prevent you from undertaking a mindfulness course.

Physical and Psychological History

Do you have any history of physical illness or any disabilities, which may significantly affect your sitting, standing, or walking practice?

Have you ever been diagnosed with or experienced any significant mental health issues e.g. depression, eating disorders, anxiety, drug/alcohol abuse, attempt to take your life? If yes, please give details of condition(s) and date(s).

Describe any present circumstances that might place you under additional stress or may significantly affect your meditation practice (e.g. bereavement, redundancy, relationship breakdown, etc.)

Are you taking any medication for any physical or psychological condition? If yes, please give details of condition(s) and medication(s).

Is there any additional information you would like to convey to the teacher?