



Mindfulness-Based Stress Reduction (MBSR) Application Form

Please attach or paste here a
picture of you

INSTRUCTOR: Karson WONG Ka-Shun
(UMass. Med. School CFM Qualified MBSR Teacher)

- INTAKE A: 2019 Jan 16 - Mar 13 Wed Evening@Wanchai
- INTAKE B: 2019 Feb 26 - Apr 16 Tue Morning@Central

DATE _____

Please return the completed application to karson@mindfulocean.com

**NOTE: Thank you, for filling out these forms.
Due to the personal nature of these questions,
please be assured that the completed forms are kept
in strict confidence.**

Name: _____

E-Mail: _____

Telephone# Mobile () _____

Work () _____

Home () _____

(Please indicate best tel. # to leave you a message)

Gender: _____ Age : _____

How did you learn about this program: _____

1. What is your main reason for participating in the Stress Reduction Program?

2. Occupation: _____

3. Date of Birth: (MM/DD/YEAR) ___/___/_____

4. Family Information: (please circle)

Single Married Not Married Living with Partner Separated Divorced Widowed

5. Do you have children? (Yes/No) _____

5a. If so, how many? _____ 5b. Ages? _____

6. Do you have close friends? (Yes/No) _____

7. Sleep quality: _____

8. Do you eat a balanced diet? Yes / No Comments: _____

9. Caffeinated drinks per day: _____

10. Do you exercise? Yes / No if Yes, How often? _____

11. Do you smoke? Yes / No if Yes, How much? _____

12. Do you use drugs or alcohol? Yes / No if Yes, How much? _____

13. Do you have a history of substance abuse? _____

14. Do you take prescription medications? Yes / No if Yes, please list): _____

15. Are you currently engaged in psychotherapy?

16. If no, have you been in therapy during the last three years?

17. Previous overnight hospitalizations? (please include Year)

Medical/Surgical

Psychological

18. During the last MONTH have you:

- | | | |
|---|-----|----|
| a. Considered suicide? | YES | NO |
| b. Sought psychiatric help? | YES | NO |
| c. Had thoughts of death or dying? | YES | NO |
| d. Had urges to beat, injure or harm someone? | YES | NO |
| e. Had urges to smash or break things? | YES | NO |
| f. Had spells of terror or panic? | YES | NO |

Please take a moment as you respond to the following three questions.

19. What do you care about most?

20. What gives you the most pleasure in your life?

21. What are your greatest worries?

22. Please list three personal goals you have for taking the MBSR program:

1)

2)

3)

MindfulOcean - Karson Wong
Mindfulness-Based Stress Reduction Program

INFORMED CONSENT AGREEMENT

The risks, benefits and possible side effects of the Stress Reduction Program were explained to me. This includes skill training in meditation methods as well as gentle stretching (yoga) exercises. I understand that if for any reason I am unable to, or think it unwise to engage in these techniques and exercises either during the weekly sessions at UMMS or at home, I am under no obligation to engage in these techniques nor will I hold the above named facility liable for any injury incurred from these exercises.

Furthermore, I understand that I am expected to attend each of the eight (8) weekly sessions, the daylong session and to practice the home assignments for 40-60 minutes per day during the duration of the training program. I also understand that I must attend at least seven (7) weekly sessions AND the all-day retreat in order to fulfill the certificate requirement.

Please Print Name

Date

Participant's Signature

Parent or Legal Guardian (If a Minor)

EMAIL COMMUNICATION CONSENT

As a participant in the Stress Reduction Program, you may wish to communicate with your instructor via email on occasion. In order to ensure your privacy, we request that you give written permission for this form of correspondence.

Please complete the form below and check one of the following options:

I give my permission to communicate via email with my program instructor about any aspect of my Stress Reduction Program experience.

I DO NOT give permission to communicate via email.

Please Print Name

Date

Please return the completed application to karson@mindfulocean.com