**Registration Intake for Mindfulness Training**

Name: Email Address:

Mobile Phone:

Complete the form prior to your first class, starting September 18th, 2017 at 7:15pm

**Training related questions**

1. What is you most important reason for joining this training?

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1. What are your expectations?

*Mindfulness is not a quick fix. Mindfulness training can cause certain complaints to intensify in the beginning, because it counteracts distraction.*

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1. Is it possible for you to join all of the sessions?

*If you will not be able to attend more than five sessions, it is advisable to not to participate.*

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Are you prepared to train mindfulness on a daily basis for 20 minutes to an hour? If not, what is preventing you from doing so?
 *The effects of mindfulness are strongly dependent on the amount of practice. You need to be well aware of the requirements of the program and should be properly motivated.*

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1. Have you practiced other forms of meditation before?

*It is important to make sure that people are willing to temporarily/partly let go of your current forms of meditation to practice mindfulness meditation.*

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**Physical and mental problems**

1. Are there any physical complaints at the moment? If so, please specify.

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1. Are there any physical limitations at the moment? For instance, is it possible to sit, walk and lie down?

*Participants are required to sit and or lie down when practicing.*

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1. Are you currently using medication? If so, what kind of medication do you use?

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1. Do you have a past or current history of depression, anxiety, eating disorder, bipolar disorder, obsessive-compulsive disorder, schizophrenia, ADHD or any other mental health concern? If yes, please specify.

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1. What symptoms of the above bother you most? If you have not been diagnosed with any of the above, please list your most bothersome symptoms:

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1. Have you been involved in psychological treatment in the past? If so, what kind of treatment did you receive?

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1. Are you currently involved in any psychological treatment? If so, what kind of treatment do you currently receive?

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1. Have you spoken to your psychologist/therapist about participating in this training program?

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1. How do you feel you are managing currently?

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1. Do you have current or past thoughts of self-harm or suicide? Please explain if you feel comfortable.

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1. Do you have thoughts of harm to others?

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1. Do you use alcohol and/or drugs? If so, please specify how much you use alcohol/drugs..

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1. Do you have any questions or things you would like to discuss?

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