**Mindfulness-Based Stress Reduction Program**

**Registration Form**

Jennifer Johnson

217 N. 5th Ave

Wilmington, NC 28401

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[www.everydaymindful.com](http://www.everydaymindful.com)

jen@everydaymindful.com

Name:

Address:

Phone: email:

Occupation:

Date of Birth: Gender Identity:

Emergency Contact Name and Number:

What is your main reason for participating in the MBSR course

Family Status: (please circle)

Single Married Partnered Separated Divorced Widowed

How is your sleep quality:

Do you smoke?

Do you use alcohol or recreational drugs? Type/amount/frequency:

Do you eat a balanced diet?

Do you exercise? Type/amount/frequency:

History of substance abuse:

History of trauma related to abuse, accident, medical trauma, loss, violence, war, etc. Please describe:

Are you currently receiving medical or psychological care?

Please describe the reason for treatment:

Please list any current physical or psychological symptoms that you are experiencing:

What do you care about most?

What gives you pleasure in your life?

What are your greatest worries?

How did you learn about this MBSR course?

Please complete this form and mail it along with a check made payable to Jennifer Johnson to:

Jennifer Johnson

217 N. 5th Ave, Suite 103

Wilmington, NC 28401