

Mindfulness Based Therapy and Stress Reduction

Application Form

To register for the MBT & SR program please answer the following questions and return these forms to Dr. Kravitz. We thank you for your cooperation. We realize the personal nature of these questions. Please be assured that the completed forms are kept in strict confidence. Your privacy is protected as outlined in our Privacy Notice.

Name: _____ Phone Number: _____
Date of birth: _____ Occupation: _____

1. Briefly describe why you are interested in participating in this program.

2. What are your goals for this program (3):

3. Have you ever meditated before? Yes no

If **yes**, did you ever have any unusual experiences while meditating?

4. Do you ever experience periods of time in which your surroundings do not seem real?

Yes No

5. Do you have any unusual perceptions, such as hearing voices when no one else is around?

Yes No

6. Is there any history of abuse in your life? Yes No

If yes, was it verbal emotional physical sexual ?

7. Have you ever required hospitalization under the care of a psychiatrist? Yes No

8. Are you currently or have you ever been under the care of a psychiatrist or psychotherapist?

Yes No If yes please specify name of practitioner, dates of care and diagnosis:

9. Describe any medical problems or conditions that you have:

10. List any medications that you currently take:

11. How many days over the last week have you felt sad or depressed? _____

Were the feelings mild moderately intense severe

12. How many days over the last week have you felt anxious or stressed out? _____

Were the feelings mild moderately intense severe

13. What is your marital/partner status?

14. How many children do you have and what are their ages?

15. How did you find out about this program? Who referred you to this program?

Financial Agreement for MBCT & SR.

Mindfulness Based Therapy & Stress Reduction is a seven week program that meets for 2 – 2 ½ (two to two and one half) hours per week.

1. The **costs** of the program are

\$ 35 Registration and materials fee for several CDs or audio cassettes and a program workbook. (Register at least 2 weeks prior to start of group and save \$10; register for only \$25.)

\$ 560 Program fee for the seven weeks. ***Individuals who participate in some groups may be eligible to have the costs covered by their health insurance. You are required to make the required co-payment for each session and to make arrangements for the total amount of all your co-pays before the start of the program.*** You may a) pay all co-pays by check(s) at the start of the group or b) pay by credit card.

If you are unable to make full payment for co-pays in advance our office staff will be happy to make alternative arrangements with you upon request.

If you decide to drop out of the group the following policy applies:

- a) The registration fee is non-refundable after the start of the first session.
- b) If you drop out before the start of the second session you will be refunded all fees you have paid for the remaining classes minus a \$50 administrative fee. If you drop out before the start of the fourth session you will be refunded all fees you have paid for the remaining classes minus a \$100 administrative fee. If you drop out after the fourth session there will be no refund.

2. **Attendance:** It is expected that all participants will make a strong commitment to attend every session. **If you must miss a session:**

- a) You will still be expected to make payment for the session. Insurance does not pay for missed sessions.
- b) You may stop by the office during normal business hours to pick up materials and assignments covered during that class.
- c) You may call the office and request that written materials be sent to you.
- d) You may attend the session you have missed when it is offered again during the next MBCT program.

3. **Registration:** To register for the MBT group please **bring or send to Dr. Kravitz:**

- a) this signed form,
- b) the application form
- c) payment for the Registration and Materials fee
- d) your co-payments.

4. **Enrollment:** All participants must arrange to meet with Dr. Kravitz prior to their acceptance into the program. Please call Dr. Kravitz directly to arrange for an interview.

Your signature below indicates that you agree to the above terms and authorize Dr. Kravitz to bill your credit card and/or to collect all funds due in keeping with the policies outlined above:

Signed: _____ Date: _____

Please print your name _____

Street Address _____

City, _____ State _____ Zip _____

Phone: _____ e-mail _____