

## Enrollment Instructions Mindfulness-Based Stress Reduction Program

*All the information asked on the forms is confidential.*

The orientation class is open to the general public and no charge and also mandatory for class participations. Because the class may fill up before then, we recommend paying in advance to save your spot. Checks for **\$375** (payable to **Mindfulness Meditation Programs or MMP**) are not be cashed until the course begins. One can pay with PayPal via a link on the class website. *Below you will find the cancellation policy for the class.*

Locations: Davis: Davis Holistic Health Center, 1403, Fifth St., Davis

Sacramento: Sutter Health University, 2700 Gateway Oaks, Ste. 2600, Sacramento

**\*Note:** Summer 2016 course is only offered at the Sacramento location and will be taught by Michelle Jamieson

### Mail enrollment forms to:

Denise Dempsey  
Mindfulness Meditation Programs  
2190 Bella Casa St., Davis, CA 95616

### Checks can be made out to: Mindfulness Meditation Programs or MMP

### \*MBSR Cancellation Policy for 8-Week Class:

No charge if cancelled by the orientation class. Once the class has begun, we will issue a refund for:

- 75% of the fee if notice is given within 48 hours after the first class.
- Unless there is an emergency situation, no refunds will be issued after this point. The reason for this is that we determine our ability to offer the class based on tuition collected and it makes a difference when people drop out after the course begins.
- We hope that the orientation will help ensure the class is a good fit. Please feel free to ask any and all questions and let me know your concerns at any point.

Let me know if other questions arise!

All the best,



Denise Dempsey  
530-304-4341  
stressreductionprograms@gmail.com

MBSR Teacher

Sutter Center for Integrative Holistic Health: Davis \* Sacramento

The enrollment form follows. Print and mail to above address.

All information is confidential and is used solely to help your instructor better address your concerns.

## Mindfulness-Based Stress Reduction Registration Form

I am interested in the (check one:) Davis Class \_\_\_\_\_ Sacramento Class \_\_\_\_\_  
Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ \*Summer \_\_\_\_\_ (\*Sacramento/Davis Combined:  
held at Sacramento Location)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Occupation: \_\_\_\_\_

Family Information? Significant Other: Yes \_\_\_ No \_\_\_ Kids?: \_\_\_

Where did you hear about this program?: \_\_\_\_\_

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

Sleep Quality: \_\_\_\_\_

Do you exercise? \_\_\_\_\_

Do you eat a balanced diet? \_\_\_\_\_

Caffeinated drinks per day: \_\_\_\_\_ Do you smoke \_\_\_ or use alcohol? \_\_\_ If so, how much? \_\_\_\_\_

History of substance abuse? \_\_\_\_\_

Do you take prescription medication? (If so, please list:) \_\_\_\_\_

Previous overnight hospitalizations (year) \_\_\_\_\_

Medical/Surgical \_\_\_\_\_

Psychological \_\_\_\_\_

What do you care about most? \_\_\_\_\_

What gives you most pleasure in your life? \_\_\_\_\_

What are your greatest worries? \_\_\_\_\_

What are three goals you have for yourself in taking this program?

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

If your health (i.e., pain,) might influence your ability to participate in the course please state any concerns here:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Informed Consent Agreement:**

The Mindfulness-Based Stress Reduction Programs includes skill training in relaxation and meditation methods as well as gentle stretching (yoga) exercises. There will be in-class practice as well as home practice using recordings. 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 or at home, I am under no obligation to engage in these them or participate nor will I hold the above liable for an injury incurred from these exercises. Furthermore, I understand that I am expected to attend each of the eight weekly sessions, the day-long session and to practice the home assignments during the duration of the training program or to talk to the instructor about special needs related to the schedule or participation concerns.

Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_