

**MBSR 8 WEEK PROGRAMME**

**REGISTRATION**

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

**Cell Phone:** \_\_\_\_\_ **Work Phone :** \_\_\_\_\_

**E-mail address :** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_

**Main Member:** \_\_\_\_\_

\_\_\_\_\_

**Main Member ID:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Medical Aid :** \_\_\_\_\_

**Id Number :** \_\_\_\_\_

**Medical Aid No:** \_\_\_\_\_

**Names of relevant medical or mental healthcare providers / therapists.**

\_\_\_\_\_  
\_\_\_\_\_

**Date of 8 week MBSR programme you are applying for :** \_\_\_\_\_

**PERSONAL INFORMATION:**

This information is to help your instructor support you better.

If you don't want to provide this information please discuss this with your instructor during the evaluation interview.

**Gender :** Male Female ( Please circle)

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

**Relational Status :**

Single Married living with partner separated divorced widowed

**Spouse / Partner name and age :** \_\_\_\_\_

**Do you have children:** Yes No

How many: \_\_\_\_\_ ages : \_\_\_\_\_

**Do you use prescription medication:** Yes No

If Yes, please list and give reason for each

\_\_\_\_\_  
\_\_\_\_\_

**Do you have a history of substance abuse:    Yes    no**

If yes please explain : \_\_\_\_\_  
\_\_\_\_\_

**Are you currently or have you ever been in psychotherapy ?    Yes    No**

If yes please explain : \_\_\_\_\_  
\_\_\_\_\_

**Medical / Surgical hospitalization : (How long & reasons)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Psychiatric Hospitalization :(include years and reasons):**

\_\_\_\_\_  
\_\_\_\_\_

(If this currently affects your life please provide a note from your Physician noting you have reviewed this programme with them and that it is appropriate at this time.)

**Any other medical condition or physical limitation:**

(Chronic pain, blood pressure, epilepsy, diabetes or life threatening illness)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Anything else that you feel is important that would help us work with you during this programme**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return to **Nico Brink**

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**Banking Details :**

NH Brink

Absa Bank

Branch code: 632005

Account nr: 2140 201 254

Please E-mail or fax proof of payment and use surname as reference.