

Livingbetterwithmindfulness
Making Friends with Yourself

***Please note: This information will only be read by the course instructors. However, if you feel uncomfortable answering any question, leave it blank and the instructor can have a private conversation with you.**

Name: _____ **Preferred Name:** _____

Parent cell: _____ **Your cell:** _____

Date of Birth: _____ **Gender:** Male Female Other

Do you practice meditation? If so, how often, and how do you carry out your meditation?

How would you describe your physical health? Do you get colds or the flu easily, feel tired often, are you recovering from any injuries, etc?

Are you currently, or have you recently been in therapy? Yes No

Name _____ **Contact Number** _____

***We will not contact without your specific consent when/if needed.**

Are you currently taking psychoactive medications, or any medications that affect your emotions?

Yes No

If yes, please list the names and dosages of these medications. Include herbs or supplements advertised to treat low energy, depression, or anxiety.

Please use this space to describe anything else about yourself you feel would be helpful for the instructors to know.

How did you hear about this program? (Friend, your doctor, surfing the internet, etc.)

Denette Mann
denette@denettemann.com