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## **APPLICATION and REGISTRATION**

### **MINDFULNESS-BASED STRESS REDUCTION (MBSR) 8-WEEK CLASS**

Dear Applicant:

Please review this entire application and registration packet and if after attending the Orientation Session you decide to apply for the Program, complete it and return it at the end of the Orientation Session or directly to the instructor before the first day of the class.

The packet includes:

1. The outline of the Program below
2. Program registration form with personal information
3. Personal intentions form
4. Informed consent and agreements
5. Questionnaires (for pre / post testing, if applicable)

You will have opportunities to ask questions at the MBSR Orientation session, at a brief interview, via phone or email. *Don't hesitate to ask as many questions as you like.*

#### Program Structure:

- ★ 1-2 -hour Orientation Course
- ★ Brief instructor interview (possibly by phone if needed)
- ★ 16-20 hours of class time (2-2.5 hours one day per week for 8 weeks)
- ★ A Saturday all-day retreat (7 hours)
- ★ Your commitment to do homework each day you are not in class during the Program: 45 minutes 6 days per week.
- ★ Classroom learning and practice of:
  - Gentle mindful movement and adaptive yoga
  - Body scan meditation
  - Sitting meditation
  - Walking meditation
  - Mindful breathing practice
  - Group dialogue / Interpersonal learning

### Program Requirements:

- ★ Commit to full attendance and completion of homework.
- ★ Interview with MBSR instructor.
- ★ Submit a completed application.
- ★ Pay tuition.
- ★ If you are in treatment consult with your doctor or psychotherapist to get their recommendation for MBSR prior to the course.
  - provide their written referral to the MBSR instructor.
  - give your doctor or psychotherapist permission to talk with your MBSR instructor in order to support you appropriately.

### Who can attend the Program:

If you are willing to become a collaborator in your own health, then this program is for you. People come to MBSR programs as practiced athletes, on crutches, in wheelchairs, after busy days at the office or raising kids, during periods of grief, just wanting to improve life, and in many more ways of living.

It may be appropriate for some in medical or psychiatric treatment to delay MBSR training at this time. In all cases the final decisions about when an applicant can attend an MBSR Program is subject to the judgment of your doctor, psychotherapist or other healthcare provider. We can discuss this with you and your healthcare provider as you wish. We require that if you are in treatment, you are actively working with and consulting with your doctor or psychotherapist, and that you get their agreement that this program is appropriate now in all cases where you are affected by:

- Substance Abuse Issues:
  - Active Substance Dependence (legal or illicit)
  - Substance Dependence Recovery less than one year
- Psychological Issues
  - Suicidality
  - Psychosis (not treatable with medication)
  - PTSD (previously or currently in treatment)
  - Active Depression (clinical) or other major psychiatric diagnosis
  - Social anxiety (difficulty being in a classroom situation)
- Acute medical condition that requires frequent medical attention

### Additional Information:

- Chairs, blankets, cushions, and other props are available to help you find an appropriate place in the room. You are also encouraged bring your own, whatever helps you to be comfortable. If online, you will need to provide these.
- You will be sitting for periods on cushions on the floor or in a chair. You will be standing, walking, or lying on the floor in a way that will accommodate your physical limitations. Come to sessions wearing comfortable clothing that will accommodate these activities.
- You might also dress in or bring layers, as body and room temperatures may fluctuate.
- If you need to bring food, snacks, medicine, or anything else to support your participation, please do so.
- The mindful movement and adaptive yoga we practice is not highly athletic so no need for special clothing unless you want to wear it. Ideally clothing will not constrict the waist to allow for optimal breathing.

### Payment Information

I can accept cash, check, credit / debit cards, and Paypal. Please include payment with your application before the course begins.

### Refund Policy

Please see the refund policy of the studio in which you are taking this class.

Please list three personal goals you have for taking this MBSR Program:

- 1.
- 2.
- 3.

## MBSR 8-WEEK PROGRAM REGISTRATION

Name:  
Home Phone:  
Work Phone:  
Cell Phone:  
Email Address:  
Mailing Address:  
Date of Birth:

Names of your medical healthcare/mental healthcare providers (doctors, therapists, etc.) who have supported you/referred you to this MBSR Course, (if applicable) or, how you heard about this course:

Which Orientation Session did you or will you attend:

### PERSONAL INFORMATION

This information is to help your instructors serve you better. We keep this information confidential. If you cannot or don't want to write down relevant information please discuss these with your instructor at the time of your orientation or interview.

1) What is your main reason for participating in the stress reduction program?

- 2) Gender:
- 3) Occupation:
- 4) Relationship Status:
- 5) Do you have children?
- 6) If yes how many:                      Their ages:
- 7) Do you have close friends? Yes/No
- 8) Sleep Quality
- 9) Do you smoke?                      10) # of caffeinated drinks per day
- 11) Do you eat a balanced diet?
- 12) Do you exercise?

13) Do you take prescription medications?  
If yes please list and why for each:

14) Do you have a history of substance use disorder? If yes please explain:

15) Are you currently, or have you been in psychotherapy? If yes please explain:

16) Previous overnight hospitalizations? (If this currently affects your life provide a note from your physician noting you've reviewed this program with them and that it is appropriate at this time.)

Medical/Surgical hospitalization (Include years & reasons)

Psychiatric hospitalization (Include years & reasons)

17) Anything else that would help us work with you in this application or during the Program?

### YOUR PERSONAL INTENTIONS FOR THE PROGRAM

Please take a moment to fill these out so our instructors will know you better and can support you in a more direct way during the program.

What do you care about most?

What gives you most pleasure in your life?

What are your greatest worries?

INFORMED CONSENT AND AGREEMENTS

The risks, benefits and possible side effects of the MBSR program were explained to me. The program includes skill training in relaxation and meditation methods as well as gentle stretching (yoga) exercises. During the program I will be asked to practice these appropriate to my abilities. 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 at the MBSR program or at home, I am under no obligation to engage in these techniques nor will I hold Laura Martin, or any other instructor(s) or assistants liable for any injuries incurred from these exercises. This program is designed to help me learn these skills appropriately and to never push beyond my capabilities. This program is in no way a substitute for medical care or psychotherapy. If it was appropriate for medical or psychotherapeutic reasons as listed on page 2 of this application I have consulted with my physician and/or therapist about my ability to participate in this program. I have obtained their agreement to enter the program and their willingness to consult with me as appropriate for the duration of the program. I have provided the MBSR teacher with all relevant information about my medical and psychotherapeutic care. Furthermore, I understand that I am expected to attend each of the eight (8) weekly sessions, the day-long session and also to practice the home assignments for 40-60 minutes per day appropriate to my abilities during the duration of the program. I will arrange for payment before the Program begins.

\_\_\_\_\_  
Signature or typed name if submitted electronically

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

E-MAIL COMMUNICATION

As a participant in the MBSR Program, you may wish to communicate with your instructor via email on occasion. In order to ensure your privacy appropriate to your intentions, we request that give written permission for this form of correspondence as appropriate. Please check one of the boxes below:

I give my permission to communicate via email with my instructor about any aspect of my MBSR Program

I DO NOT give my permission to communicate via email.

\_\_\_\_\_  
Signature or typed name if submitted electronically

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name