

## Mindfulness-Based Cognitive Therapy Information Form

Dear Participant,

Please fill out this form and either fax it to us (215-573-8966) or print it and bring it to our office no later than 2 days before the scheduled orientation session. This information will enable us to maximize our effectiveness as your instructors. We hope the experience of this program will be a beneficial one. Thank you for taking the time to fill out this form. **If writing by hand, please print clearly.**

Full Name		Age	
Phone Number		Email Address	
Street Address			
City		State	Zip Code
Occupation:		Academic Department:	
Current work status:		Year at Penn:	
Relationship Status: Single          Partnered  Married        Divorced		Do you have children?    Yes      No	
Number of children at home:		Number of children living independently:	
Name of your physician:		Physician's phone number:	
Are you currently under medical treatment or supervision?    Yes      No (such as for chronic pain, cancer, etc).			
If yes, briefly explain:			
List any medical conditions and physical injuries, past or present, that limit your physical activity:			
Is your quality of sleep: Restorative      Non-Restorative      Interrupted			
Height	Weight	# of cigarettes per day	# of caffeinated drinks per day
Please describe your current daily exercise. Include amount and type.			
What is your current use of drugs and alcohol per day?		Do you have a history of illicit or prescribed substance misuse/abuse?	
Do you have a history of binge drinking or alcohol misuse/abuse?		At what age were you first diagnosed with depression?	
Have you received treatment for depression? Yes      No		Name of diagnosis, if you know:	

<b>Please briefly describe where you received the treatment, with whom it was with and how long you engaged in treatment.</b>	
<b>Are you currently taking medication for depression?    Yes    No</b>	<b>Name of current prescriber:</b>
<b>Phone number(s) of your current prescriber:</b>	<b>Names of current medications:</b>
<b>How long have you been taking this medication?:</b>	<b>Names of past medications:</b>
<b>Have you been diagnosed with anxiety?    Yes    No</b>	<b>Name of diagnosis if you know:</b>
<b>Have you received treatment for anxiety?    Yes    No</b>	<b>Please briefly describe where you received the treatment, with whom it was with and how long you engaged in treatment.</b>
<b>Are you currently taking medication for anxiety?    Yes    No</b>	<b>Name of medications for anxiety:</b>
<b>Do you have a history of trauma?    Yes    No</b>	<b>Are you currently undergoing treatment for any other mental health reasons?    Yes    No</b>
<b>If yes, briefly explain:</b>	
<b>Name of current therapist:</b>	<b>Phone number(s) of your current therapist:</b>
<p><i>If you are in ongoing treatment for mental health reasons we ask you to review your decision to take this MBCT course with your provider BEFORE you start, to make sure it supports yours and your provider's overall treatment goals. By initialing below, you agree to give us these permissions:</i></p> <p><i>I give permission for the course leaders should they consider it necessary, to contact my clinician(s) with my knowledge, to support my participation in this course. ____ (your initials) I agree to seek mental health treatment if during my experience in this course, emotional issues come up that cause much distress during the week. ____ (your initials)</i></p>	
<b>How do you currently manage stressful situations in your life?</b>	
<b>Have you ever meditated before?    Yes    No</b>	
<b>Do you currently have a meditation practice?    Yes    No</b>	
<b>If yes, please describe your practice and frequency:</b>	

<b>Have you ever experienced anything unusual while meditating?    Yes    No</b>
<b>If yes, please explain:</b>
<b>Do you have any experience with doing tai chi, yoga, dancing, or sports?    Yes    No</b>
<b>If yes, please list:</b>
<b>Please share your goals for this course:</b>
<b>Goal #1:</b>
<b>Goal #2</b>
<b>Goal #3</b>
<b>Is there anything else that you want us to know about you?</b>
<b>For Group Facilitator's Use Only:</b>

