

STUDIO ADDRESS
Masterpeace Studios
Arden Mead Youth and Community Center
17 Selma Ave.
Webster Groves, MO 63119



MAILING ADDRESS
Masterpeace Studios
171 Hull Ave.
Webster Groves, MO 63119

314-918-7747
www.masterpeacestudios.org
mail@masterpeacestudios.org

Program: Mind-Body Stress Reduction

Class Enrolling Date: _____

Mind-Body Stress Reduction Program Masterpeace Studios

Thank you for filling out the attached forms. We realize the personal nature of these questions. Please be assured that the completed forms are kept in strict confidence.

Name: _____

Address: _____

E-mail: _____

Telephone #: Home () _____

Work () _____

Cell () _____

Please indicate which number is the best to reach you.

Where did you hear about the Mind-Body Stress Reduction Program?

Name _____ Date _____

Health Information Form

1. Please check the word that best describes the current state of your health:
_____ Poor _____ Average _____ Good _____ Great

Please check all of the following that apply to you:

- | | |
|---|---|
| <input type="checkbox"/> Addiction to drugs/alcohol | <input type="checkbox"/> Urinary disease |
| <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Anxiety disorder | <input type="checkbox"/> Therapy/counseling |
| <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Depression |
| <input type="checkbox"/> AIDS/HIV | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Hernia | <input type="checkbox"/> Digestive problems |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Eating disorder _____ |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Emphysema |
| <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Glaucoma |
| <input type="checkbox"/> Orthopedic problems | <input type="checkbox"/> Gastritis/ulcer |
| <input type="checkbox"/> Back pain | |
| <input type="checkbox"/> Respiratory problems | |
| <input type="checkbox"/> Cancer | For Women: |
| <input type="checkbox"/> Sleep disorders | <input type="checkbox"/> PMS or irregular periods |
| <input type="checkbox"/> Suicidal thinking | <input type="checkbox"/> Menopausal symptoms |
| <input type="checkbox"/> Chronic fatigue syndrome | ▪ Hot flashes |
| <input type="checkbox"/> Surgery (recent) | |
| <input type="checkbox"/> Chronic pain | |
| <input type="checkbox"/> Fibromyalgia | |
| <input type="checkbox"/> Thyroid/endocrine problem | |
| <input type="checkbox"/> Colitis | |

Please describe any other health or medical conditions below:

1. Are you taking a long-term prescription or over-the counter medication? Y or N
If so, please list the medication and the reason you are taking it.

2. Occupation: _____

3. Date of Birth: (MM/DD/YEAR): _____

4. Gender (please circle): MALE FEMALE

5. Do you smoke? _____ Caffeinated drinks per day: _____

6. Do you eat a balanced diet? _____

7. Do you exercise? _____ Do you use drugs or alcohol? _____

8. What is your main reason for participating in the Mind-Body Stress Reduction Program?

9. Please ask any questions or voice any concerns that you have about participating in any part of this class, (ie: yoga, meditation, half day retreat, anything)

Mind-Body Stress Reduction Program Masterpeace Studios

INFORMED CONSENT AGREEMENT

The risks, benefits and possible side effects of the Mind-Body Stress Reduction Program were explained to me in detail. This includes skill training in relaxation and meditation methods as well as gentle stretching (yoga) exercises. I understand that if for any reason I am unable to, or think it unwise to engage in these techniques and exercise either during the weekly sessions at Masterpeace Studios or at home, I am under no obligation to engage in these techniques nor will I hold the above named facility liable for any injury incurred from these exercises.

Furthermore, I understand that I am expected to attend each of the six (6) weekly sessions, the half day long session and to practice the home assignments for 30-60 minutes per day during the duration of the training program.

Date

Please Print Name

Participant's Signature

Parent or Legal Guardian (If a minor)

Mind- Body Stress Reduction Policies and Procedures

We highly recommend attending a Free Introduction to Mindfulness Class prior to registering for the 6 week Mind-Body Stress Reduction Class.

The completed orientation packet and all registration fees must be submitted at least one week prior to the start of the first class.

CANCELLATION POLICY: If cancellation is after the first class a refund will be provided less a \$50.00 cancellation fee. There will be no refunds if cancellation is after the second class.

CLASS MAKE-UP: Any missed class can be made up in the next session of MBSR. All missed classes must be made up within the next two MBSR sessions following the session which you are registered.

The complete MBSR manual and the CD's are trademarked and copyrighted by Masterpeace Studios. Any copying or unauthorized use of these materials is forbidden.

Name

Date

Email Communication Consent

As a participant in the Mind-Body Stress Reduction Program at Masterpeace Studios, we may wish to communicate with you via email to distribute administrative materials and general communication. Please provide your approval and email address below.

_____ I give my permission to communicate via email.

_____ I DO NOT give permission to communicate via email.

Email address: _____

In order to ensure your privacy, we will communicate with you either in person or over the telephone regarding any personal aspects of the mind-body stress reduction program experience.

Signature: _____

Date: _____

Release and Consent to Photograph

Subject's Name: _____

Address: _____

Phone Numbers: (H) _____ (W) _____

I understand that Masterpeace Studios routinely promotes the educational, health and spiritual benefits of participating in its programs and other activities. I also understand that Masterpeace Studios may write stories that may appear in Masterpeace Studios' publications.

I hereby consent to being the subject of photographs taken during class and hereby release Masterpeace Studios and its agents from any and all claims for damages for liable, slander, invasion of privacy or any other claim based upon the use of my image and likeness as stated above.

Signature

Date