

The Stress Reduction Clinic

@Yoga Hillsboro

PROGRAM OUTLINE, APPLICATION AND REGISTRATION MINDFULNESS-BASED STRESS REDUCTION (MBSR) 8-WEEK PROGRAM

Dear Applicant:

Please review this entire application and registration packet and if you decide to apply for the Program complete it and return it during an Orientation, mail in or hand to the instructor. 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

We will answer your questions at an MBSR Orientation Session, at interview, via phone or email. Don't hesitate to ask as many questions as you like.

Program Structure:

- 2-hour Orientation Course
- Instructor interview
- The application process
- 22 hours of class time (2-3 hours one day per week for 8 weeks)
- A Saturday or Sunday all-day retreat (about 6 hours)
- Your commitment to do homework each day you are not in class during the Program: 45 minutes
- 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

Course Requirements:

- Commit to attendance and completion of homework.
- Interview with an MBSR instructor.
- Submit a completed application.
- Pay tuition or arranging a payment plan.
- 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:

- We welcome anyone willing to become collaborators in their own health to apply to the program. We will work with you to find the right time and right way to attend a Program.
- People from many walks of life who understand the aims, limitations, and commitments of the Program are welcome to apply. 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
 - Depression (clinical) or other major psychiatric diagnosis
 - Social anxiety (difficulty being in a classroom situation)
 - Acute medical condition that requires frequent medical attention

How to attend:

- You'll find precise directions to Yoga Hillsboro on our website. We're located in downtown Hillsboro with abundant on-street parking and near MAX stations. There are handicap parking spaces nearby.
- We provide chairs, blankets, cushions, and other props to help you find an appropriate place in the room. You can bring your own.
- You will be sitting for periods on cushions on the floor or in a chair. You will be standing, walking, or laying on the floor in a way that will accommodate your physical limitations. Come to sessions wearing comfortable clothing that will accommodate these activities.
- Up to 30 people attend an 8-Week MBSR Program at the Stress Reduction Clinic at Yoga Hillsboro.
- The mindful movement and adaptive yoga we practice is not highly athletic so no need for special clothing unless you want to wear it. We have a restroom and changing room.

MBSR 8–WEEK PROGRAM REGISTRATION

Name: _____
Home Phone: _____ **Work Phone:** _____
Cell Phone: _____ **email address** _____
MailingAddress: _____

Date of Birth: _____
Names of your medical healthcare/mental healthcare providers (doctors, therapists, etc.) who have supported you/referred you to this MBSR Course:

Which Orientation Session did you or will you attend: (date) _____

Date of the 8–Week MBSR Program you are applying for: _____

Payment Information (We accept check or cash) – Include payment with your application or arrange for a documented payment plan before the course begins.

Tuition: See our website for current pricing. Application and interview with the teacher by the early registration date will offer a discount.

- Payment plan can be arranged if needed. (Contact the instructor for details.)
- Some tuition scholarships are available as a tuition discount for those on fixed income (Contact the instructor for details.)
- Refund Policy
 - Before Class 1 80% refund
 - After Class 1: 75% refund
 - After Class 2: 50% refund
 - After Class 3 no refund

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: please circle male female

3) Occupation: _____

4) Relationship Status: (please circle)

single married not married living with partner separated divorced
widowed

5) Do you have children? Yes/No

If yes how many: _____ Their ages _____

6) Do you take prescription medications Yes/No

If yes please list and why for each:

7) Do you have a history of substance abuse? Yes/No

If yes please explain:

8) Are you currently, or have you ever been in psychotherapy? Yes/No

If yes please explain:

9) Previous overnight hospitalizations? Yes/No ******(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)

10) 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?

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

1) _____

2) _____

3) _____

INFORMED CONSENT AND AGREEMENTS

Mindfulness–Based Stress Reduction (MBSR) Program, Stress Reduction Clinic at Yoga Hillsboro

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 course 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 Yoga Hillsboro and the Stress Reduction Clinic or the instructors liable for any injuries incurred from these exercises. This course is designed to help me learn these skills appropriately and to never push beyond my capabilities. This course 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 am committed to attend (unless advised/arranged with the instructor) 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.

Date

Please Print Here

Participant's Signature

Parent or Legal Guardian
(If a Minor)

EMAIL COMMUNICATIONS

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 you intentions, we request that you 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: _____ Date: _____