



# ANDREW'S ANTHEM

PROVIDING HOPE

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**Registration Process:** Please fill out this form to complete your registration. Complementary intro/enrollment interviews are available in-person and on the phone to answer any questions that you have about this group; these are required if you wish to pursue insurance reimbursement. More info will be provided about the intro/enrollment interviews on the next page after this form is submitted.

**Name \***

First

Last

**Date of Birth \***

**Address \***

Street Address

Address Line 2

City

State

ZIP Code

**Home Phone \***

**Work Phone**

**Cell Phone**

**Email \***

**Contact in Case of Emergency (name and phone number) \***

**Briefly describe the major stressors, worries or concerns in your life. What brings you to MBSR at this time? \***

**What are your major stress symptoms? Please list any providers that are helping you with these symptoms. \***

**Please list the specific changes that you hope will come as a result of this course. \***

**Are there any health conditions that would interfere with your ability to fully participate in the mindful movement/gentle yoga (stretching) portion of this course? If yes, please describe your limitations and what adaptations you might need. \***

**I understand that: \***

- The information above is for the use of the MBSR facilitator to tailor this group to my skills and abilities.
- MBSR is not designed as a medical treatment and does not replace medical treatments by licensed health care providers.
- To receive the full benefit of the MBSR experience requires regular class attendance and regular at-home practice. Finding time for these activities may require a re-ordering of priorities during the duration of the course.
- Full refund is available if cancellation is at least 24 hours prior to the first class. A 75% refund if before second meeting and materials returned in like-new condition (65% if not). No refund is available after the second session.

**Signature of Participant \***