

MINDFULNESS BASED STRESS REDUCTION COURSE
The Vermont Center for Cognitive Behavior Therapy - Jennifer Gordon, MSW

Please mail this completed application with a \$150 deposit to:

Jennifer Gordon, MSW
595 Dorset Street
Suite 2
South Burlington, VT 05403

Direct inquiries to 802-651-8999 or e-mail Jennifer.gordon@uvm.edu

Date: _____

Name: _____

Address: _____

Telephone #: Home: _____ Work: _____

Cell Phone: _____ DOB: _____

Name of family physician & phone #: _____

Current Medication, dose & prescribed by: _____

Referred by? _____

Marital status: _____ With whom do you live? _____

Occupation: _____ Does your present work satisfy you? Yes No

Have you been in therapy before or received professional assistance for your problems? Yes No

Sleep quality: _____

Weight: _____ Height: _____

Cigarettes per day _____ Caffeinated drinks per day: _____

Exercise per day _____

Drugs and alcohol per day _____

History of substance abuse (if relevant): _____

Previous overnight hospitalizations (year/s): _____

What do you care about the most? _____

What gives you the most pleasure in your life? _____

What are your greatest worries? _____

Please list three target goals in taking the MBSR course:

1) _____

2) _____

3) _____
