



Pre-Programme Questionnaire

The aim of this programme is to enhance physical and mental well-being, through the cultivation of particular mindfulness practices. If you have been referred by your doctor or health professional for a particular reason, please request our Professionals Referral Form, to fill in together with your health professional.

Physical Condition

Do you have any limitation to your physical mobility that may make sitting, standing, walking or gentle yoga-style stretching difficult for you? YES / NO

If yes, please describe as fully as possible _____

State of Mind

Are you living with any particular stresses at the moment that may make it difficult for you to focus, e.g. depression, anxiety, psychotic illness, drug and/or alcohol dependency issues or stressful life changes such as bereavement, divorce, separation or loss of job? YES / NO

If yes, please give full details _____

Medication

Are you currently taking medication for any physical or psychological conditions? YES / NO

If yes, please specify the condition and medication _____

Your reasons for wanting to attend the programme

Please tell us why you want to come on the programme (for example physical health, mental health, stress, self-development, etc)? What do you hope to gain? *If you need more space feel free to continue overleaf.*

Undertaking

I undertake to be responsible for my own well-being during the eight week Mindfulness programme.
I understand that Ridgeway Mindful Psychology is not responsible for my well being.

Name (BLOCK CAPITALS, please) _____

Signature _____ Date ____ / ____ / ____

Please return this questionnaire with your Registration Form to:
The Ashcroft Practice, 42 Ashcroft Road, Cirencester, GL7 1QX