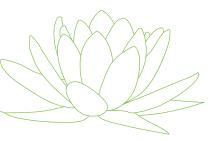
## ridgeway mindful psychology



## **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 a yoga-style stretching difficult for you?	make sitting, stand	ling, walki	ng or gentle YES / NO
If yes, please describe as fully as possible			
State of Mind  Are you living with any particular stresses at the moment that e.g. depression, anxiety, psychotic illness, drug and/or alcohol de such as bereavement, divorce, separation or loss of job?  If yes, please give full details	ependency issues o	r stressful	life changes YES / NO
Medication  Are you currently taking medication for any physical or psychological or psycho			YES / NO
Your reasons for wanting to attend the programme Please tell us why you want to come on the programme (for exam self-development, etc)? What do you hope to gain? If you need	nple physical health		
Undertaking I undertake to be responsible for my own well-being during the eig I understand that Ridgeway Mindful Psychology is not responsible Name (BLOCK CAPITALS, please)	for my well being.	, ,	mme.
Signature	Date	_ /	_/
Please return this questionnaire with your Reg	gistration Form to:		

The Ashcroft Practice, 42 Ashcroft Road, Cirencester, GL7 1QX