

MINDFULNESS-BASED STRESS REDUCTION PROGRAM
University Health Network



APPLICATION FORM

Name:

Date of Birth:

Current Address:

City:

Postal Code:

Home Telephone:

Can We Leave a Message? Yes No

Business Telephone:

Can We Leave a Message? Yes No

Email Address:

ELIGIBILITY FOR MBSR PROGRAM

Please check **Yes** or **No** to each of the following questions:

Have a major medical problem(s)

Yes No

Have a family member of someone with a major medical problem

Yes No

Have depression or anxiety and are treated at the University Health Network (Toronto General Hospital, Toronto Western Hospital, Princess Margaret, Toronto Rehab Institute).

Yes No

If **yes**, please indicate name of treating physician:

Am a University Health Network staff member

Yes No

Receive medical, surgical or psychiatric care through a physician or other healthcare professional affiliated with the University Health Network.

Yes No

If **yes**, please indicate name of treating healthcare professional:

If you have checked **Yes** to one or more boxes, please go to next page.

If you have not checked **Yes** to one of the above boxes, we are unfortunately unable to provide service due to our funding constraints.

MINDFULNESS-BASED STRESS REDUCTION PROGRAM UNIVERSITY HEALTH NETWORK

WHAT CHALLENGES IN YOUR LIFE HAVE PROMPTED YOU TO INQUIRE ABOUT THE MBSR PROGRAM? (Please mark all that apply to you)

Chronic Medical Illness: (please specify)

Cancer: (please specify)

Are you having:

Active Treatment

Chemotherapy

Radiation

Surgery

In Remission

Chronic Pain: (please specify)

Anxiety Disorder

Depression

High Life Stressors:

Work

Personal Growth

Post Trauma

Caregiver Stress

Family

Financial

Bereavement

Professional Development

Other (please specify)

WHO REFERRED YOU TO THE MBSR PROGRAM?

Physician – Name:

Friend

Agency – Name:

Family Member

Other – Please Specify:

CLASS DAY & TIME PREFERENCE - We will confirm with you closer to the date

Monday 12:30 to 03:00 p.m.

Monday 05:30 to 08:00 p.m.

PLEASE RETURN COMPLETED APPLICATION FORM TO:

Mail: Mindfulness-Based Stress Reduction Program
University Health Network, Toronto General Hospital
Peter Munk Building, 11th Floor, Room 100E
Toronto, Ontario M5G 2N2

Email: elizabeth.quashie@uhn.ca

Fax: (416)340-4198

Closer to the date of the next available session we will mail or email the schedule for the upcoming session(s).

Note: the date we receive your completed application form will be the registration date that we use for the waiting list.