

# *The Path to Mindful Living*

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## **REGISTRATION FOR MINDFULNESS PROGRAMS**

Name and Date of Program:

\_\_\_\_\_

Your Name:

\_\_\_\_\_ Date: \_\_\_\_\_

Address:

\_\_\_\_\_

Occupation: \_\_\_\_\_

Best Phone#: \_\_\_\_\_

Alternate#: \_\_\_\_\_

E mail: \_\_\_\_\_

Payment Information: In order to make the program affordable tuition is based on an honor system in trust that you will pay as much as you are able to pay considering your income.

### HOUSEHOLD INCOME

___ \$50,000 OR GREATER	\$625 ( 575 if paid in full before first class )
___ \$40,000- 49,000	\$525
___ \$39,000 or under	\$450

a non refundable \$100 deposit due with registration

Additional payments may be made in installments at 1st, 3rd and 5th class.  
I verify that my income is in the bracket indicated above.

Signature \_\_\_\_\_

*Kindly print and fill out and mail to above address or bring to orientation or interview.*

NAME: \_\_\_\_\_

Program name : \_\_\_\_\_

How did you hear about the program?

Kindly state briefly your reason for attending the program:

Do you have any meditation experience?

What are the main stressors in your life and how does stress express itself in you? (i.e. backaches, pain, anxiety)

Do you have any special needs, illness or injury that you feel might limit your participation in any way? If so, have you consulted your physician? (explain)

Do you take any medications regularly? If so, kindly list them here.  
Who prescribes medicine ?

Any other concerns?

***for MBCT  
(optional for MBSR participants)***

Previous psychotherapy ?

Current psychotherapist if applies:

Name:

Phone:

History of depressive episodes:

History of anxiety and/or panic: