

5th Floor
Fitzwilliam House
Skimped Hill Ln,
Bracknell
RG12 1JX

Tuesday, 10 September 2019

Dear MBCT Participant,

HEALTH QUESTIONNAIRE

The Mindfulness course instructors would appreciate it if you would complete the Questionnaire on the back of this letter.

The information will help us to provide you with a safe and appropriate environment in which to do the course. It will also inform us of any particular health or other special requirements you may have that we need to be aware of when you are doing the Mindfulness Based Cognitive Therapy Course (MBCT).

If you would prefer not to complete the form, then if you do have any particular health or special requirements which we are not already aware of, please would you let the Mindful Instructor know in person either on the first evening of the course or by telephoning Talking Therapies and asking a Mindfulness Instructor to call you.

Thank you for your cooperation.

We look forward to meeting you at the course.

MBCT Team

NB If you choose not to return this Health Questionnaire and don't inform the mindfulness instructors on your course of any health issues, we will assume that there is nothing to report.

Thank you for your cooperation.

Please print clearly in block capitals.

1. Your name: _____ **2. MBCT Course start date:** _____

2. Do you have any special requirements while doing the MBCT course e.g. Visual loss or hearing loss?

If yes please state what these are _____

3. Have you ever been diagnosed by your doctor or health professional with any of the following?

Heart disease, diabetes, asthma, epilepsy, allergies (particularly those requiring an epipen or specific medicine to use in case of attack)? _____

If yes please indicate if this condition is managed and under control and if you have any medication you take for it

4. Do you ever lose balance because of dizziness or ever lose consciousness? _____

If yes please indicate if this condition is managed and under control and if you have any medication you take for it

5. Do you have any medical condition e.g. a bone or joint problem or Multiple Sclerosis that could limit your mobility and affect you doing the course? _____

If yes please indicate if this condition is managed and under control and if you have any medication you take for it

6. Are you pregnant? _____

If yes do you have any particular needs while doing the course? _____

7. Is there anything else you feel the Mindfulness Instructors need to know about? _____

If yes please indicate this here. _____

I _____ (put your name here before signing) agree to let the mindfulness instructors know if there is a change in my medical condition.

Signed: _____

Date: _____

Thank you for your cooperation