We recognize the personal nature of the questions on this form.
All information you provide is kept confidential.

*After making online class fee payment, please send this completed form by Tuesday, May 16, 2017 to: UW Health Mindfulness Program, 621 Science Dr, Madison WI 53711*

1. Are you currently preparing for surgery:   Yes (date ________)  or  No

2. Are you currently in some form of post-surgery therapies:  Yes  or  No
   If yes, please identify:

3. What are your basic concerns?

4. How are you currently supporting yourself in managing either your surgery preparation or recovery?

5. Have you read the class description?   Yes  or  No

6. Any questions regarding taking this class?
7. Reasons for taking the class and what you hope to learn/experience.

8. Have you had previous experience with meditation practice? 
   If so, please describe.

9. Do you understand this class is not a replacement for any form of medical care? 
   Yes  or  No

10. Do you understand this class is offering training in meditation practice as an additional 
    resource and support in the healing process?

Thank you for completing this questionnaire.