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| **Date:**  Click or tap to enter a date. | **Program Facilitator**: Click or tap here to enter text. |
| **Full Name (as it appears on your Health Card):** Click or tap here to enter text. | **Date of Birth: (** **yyyy/mm/dd)**Click or tap here to enter text. |
| **OHIP Number:**  Click or tap here to enter text. | **Version Code:**Click or tap here to enter text. | **Expiry Date (yyyy/mm/dd):** Click or tap here to enter text. |
| **My pronouns are:** [ ]  she/her [ ]  he/him [ ]  they/them [ ]  other |
| **Street Address:** Click or tap here to enter text. |
| **City:** Click or tap here to enter text. | **Province / State:** Click or tap here to enter text. | **Postal Code / Zip Code:**Click or tap here to enter text. |
| **Home Phone:** Click or tap here to enter text. | **Work Phone:** Click or tap here to enter text. | **Mobile Phone:** Click or tap here to enter text. |
| **Email**: Click or tap here to enter text. |
| **Next of Kin Contact *(will only be contacted in an emergency and with your permission, if possible):*** |
| **Name:** Click or tap here to enter text. | **Relationship:** Click or tap here to enter text. | **Contact Phone:** Click or tap here to enter text. |
| **Family Doctor:**  Click or tap here to enter text. | **Family Doctor Phone:**  Click or tap here to enter text. |
| **How did you hear about this program?** Click or tap here to enter text. |
| **If through online search, what keywords did you use?** Click or tap here to enter text. |
| **Name of Physician who referred you to this program:**  Click or tap here to enter text. |
| **Have you attended the Mindfulness-Based Chronic Pain Management (MBCPMTM) program previously?** [ ]  Yes [ ]  No |
| **Have you previously attended any other Mindfulness courses?**  [ ]  Yes [ ]  No |
| Have you practiced meditation before? [ ]  Yes [ ]  No |
| **Patient/Client Confidentiality:** |
| I agree to keep all group conversations and participant happenings witnessed by me during this program confidential and will not discuss, share, divulge, or communicate in any way this private/confidential knowledge.  |[ ]
| I agree to using a reasonable location to provide privacy when participating in this online program, or use headphones.  |[ ]
| I agree to participating or listening to the sessions when not driving or operating machinery and will attempt to give my full attention when in session. |[ ]
| I further agree to respect all participants’ rights to confidentiality and privacy outside of the program, both for the duration of the program and subsequently after the training. |[ ]
| I also agree to request help from my health care professionals, including securing therapy if particularly difficult feelings arise for me as a result of taking this program. |[ ]
| Signature: | Click or tap here to enter text. | Date: | Click or tap to enter a date. |