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| Today’s Date:Click or tap to enter a date. | Course Facilitator:Dr. Frances O’Malley | Course Dates: January 20 to April 14, 2021 |
| 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. | I identify as: ☐ Male ☐ Female ☐ Other |
| 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. |
| Street Address: Click or tap here to enter text. |
| City:Click or tap here to enter text. | Province:Click or tap here to enter text. | Postal Code:Click or tap here to enter text. |
| Home Telephone Number:Click or tap here to enter text. | Work Telephone Number:Click or tap here to enter text. | Mobile Telephone Number:Click or tap here to enter text. |
| Email: Click or tap here to enter text. |
| Next of Kin Information:Name:Click or tap here to enter text. | Relationship:Click or tap here to enter text. | Contact Telephone Number:Click or tap here to enter text. |
| Next of Kin will only be contacted in an emergency and with your permission, if possible. |
| Family Doctor: Click or tap here to enter text. | Family Doctor Telephone: Click or tap here to enter text. |
| How did you hear about this course?Click or tap here to enter text. |
| Name of Physician who referred you to this course:Click or tap here to enter text. |
| Have you attended the Mindfulness-Based Chronic Pain Management (MBCPMTM) Course previously? ☐ Yes ☐ No |
| Have you previously attended any other Mindfulness course? ☐ Yes ☐ No |
| Have you practiced meditation before? ☐ Yes ☐ No |
| I, Click or tap here to enter text. agree to keep all group conversations and participant happenings witnessed by me during this course confidential and will not discuss, share, divulge, or communicate in any way this private/confidential knowledge. I agree to use a reasonable location to provide privacy when participating in this online course or use headphones. I further agree to participating or listening to the session when not driving or operating machinery and will attempt to give my full attention when in session. I will respect all participants’ rights to confidentiality and privacy outside of the course, both for the duration and subsequently after it. I agree to seek counselling help through my family physician, other attending physician or therapist, if particularly difficult feelings come up for me during this course. |
| Signature: Click or tap here to enter text. | Date: Click or tap to enter a date. |