

Compassion, Clarity & Connection – a 6-week virtual class
Offered by Jean Leonard, Ph.D., LLC
PARTICIPANT INFORMATION FORM

Please note: This information will only be read by the course instructor. If you feel uncomfortable answering any questions, please note that on the form and we can have a private conversation before the program begins. Thank you.

Date: _____ Date of Birth: _____ Age: _____

Full Name: _____

Current Address (include zip): _____

Mail: Is it okay to send a letter to your current address? ___ Yes ___ No

Telephone: Home: _____ Is it okay to leave a message at this number? ___ Yes ___ No

Cell: _____ Is it okay to leave a message at this number? ___ Yes ___ No

E-Mail Address: _____

E-Mail: Is it okay to contact you by email? ___ Yes ___ No (The teacher will send a weekly e-mail to support your practice between sessions.)

Occupation: _____

Level of Education: High school College Graduate Other: _____

Is there anything about how you identify that you would like me to know about? _____

This virtual mindfulness class is an educational format in a group setting, not group therapy. These classes can be beneficial for many individuals with a wide variety of concerns. However, certain factors can interfere with a participant's success. Please consider an individual interview with the class instructor if any of the following factors are concerns for you: anger, severe depression, suicidal thoughts, a serious psychological or medical condition, previous psychiatric hospitalization, and/or excessive use of alcohol and/or recreational drugs.

1. Please share anything you would like me to know about why you are interested in participating in this program?

2. Do you have a regular practice of meditation? If so, what type and how many years have you been practicing? (It's not necessary to have any experience of meditation prior to this program.)

3. Have you ever received treatment for a mental health concern(s)? Yes No
If yes, please share any information you think it would be helpful for the instructor to know, especially ways your current or past mental health may impact your experience in the class.

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4. Are you currently taking psychoactive medication, or any medication that may affect how you feel from one week to the next? (If so, please provide details.)
5. Please describe the current state of your physical health:
 Poor Average Good Excellent
6. Please describe any health or medical condition that you feel may impact your experience in the class.
7. Do you have any questions or concerns about the class?
8. Is there anything else that would be helpful for me to know at this time?

Registration Process:

Investment: \$275

- This is a suggested payment. If you cannot afford this suggested rate, pay what you can. If you can pay more, I welcome your generosity, as it will help support me, and those who are struggling at this time.
- Payment will be via Paypal or Zelle: send money to jeanleonardphd@gmail.com. Thank you.
- Your space in the class is not reserved until I receive both your application (Participant Information Form and Informed Consent Form) and payment. Refunds are not available once the class has begun.
- **Complete the Participant Information Form & Informed Consent (one document) and e-mail it to jeanleonardphd@gmail.com**

I have read and understand these terms of registration.

Signature

Date