

# The **BodyMind** Programme

## Assessment Form

Name

Date

Name you wish to be called if different

Address

Post code

Tel home

Tel work or mobile

Email

Male or Female

Age

Date of birth

Current/previous occupation

What is your doctor's diagnosis?

List any medication that you are on

Please describe your problem or illness

(i.e. How and when did it start, what are the symptoms, what effect does it have on your life?)

Continue here if necessary

Do you have any other separate illness or issue, if so describe here?

Have you spoken to someone who has done our programme? YES / NO

What do you hope to get from doing The *BodyMind* Programme?

Do you need wheelchair access to the training venue? YES / NO

## Your future

Please list realistic, "normal" achievable things that you want to do or enjoy.

1

2

3

4

5

6

7

8

9

10

## Are you ready to be well?

Do you agree with the following statements, on a scale of 1-5, where 5 is "I totally agree";

I want to be well	(circle the number)	1	2	3	4	5
With appropriate training, I can learn how to be well		1	2	3	4	5
It is possible for me to be well		1	2	3	4	5
Now is an appropriate time in my life to be well		1	2	3	4	5
I am willing to do the work necessary to make positive changes to my health		1	2	3	4	5
I am willing to change negative habits and thoughts		1	2	3	4	5
Once I know how, I am then responsible for my health		1	2	3	4	5
I deserve to be well		1	2	3	4	5

## To get the most benefit from the training, what do you need to do, or be?

- 1.
- 2.
- 3.

**Are you analytical?** We know it is valid in some situations to analyse and question things, but what we have found is that those who spend time analysing what they are learning INSTEAD of applying the techniques, hinder their own progress. If you need to know more about this please tick here so we can discuss it further.

**Do you think ALL your symptoms can be cleared by using the techniques?** In our experience and that of our clients, a vast array of physical and mind based symptoms can be cleared by addressing the underlying cause. If you would like to discuss this further please tick here.

We offer the full Programme in a variety of ways using the phone, Skype, home visits and small groups. If you would like to discuss what works best for you, please tick here.

Are you in receipt of benefits or health insurance? (we just need to discuss how to deal with this as you recover)

YES / NO

## Training Agreement

You should only sign this Assessment Form if you understand and agree to the following;

"I understand that attending The BodyMind Programme in itself does not guarantee me good results because I am responsible for applying the strategies and techniques. I recognise that the mind and body can powerfully influence each other. I am prepared to look at and challenge beliefs about my condition or illness. I am ready to engage in the Programme to improve my health.

### Booking and Payment details

Once your assessment is complete we will discuss dates and payment with you.

You can either pay direct into our bank account, send a cheque or use PayPal. There is an additional 3.4% charge for this but it enables you to spread the cost on your credit card. Some international payments may incur additional charges. Please DO NOT pay until your booking has been confirmed and we send a payment request.

### Cancellation

Fees cannot be refunded in the event of a last minute cancellation on your part or a failure to complete the Programme. However your fee can be refunded if we have enough notice to fill your place.

We reserve the right to terminate your participation in the Programme if we feel it would be unhealthy or unhelpful for you or another member of a group.

**Confidentiality**

If you are in a group situation there is no requirement for you to share personal information with other participants but some people may choose to do so. Do you agree to maintain confidentiality regarding personal information shared by others?

Yes / No

**Ownership**

All documents you receive as part of The BodyMind Programme constitute an intellectual property and are not to be reproduced, sold or distributed in any way.

**Privacy Notice**

As part of the client/practitioner relationship with you we will be keeping notes on an on-going basis. The BodyMind Programme Limited will be what's known as the "controller" of this information. We will store your information securely and it will not be shared with a third party unless you request it in writing by email or post or if the law requires us to do so. We will keep your information for as long as The BodyMind Programme Limited operates as a company. If at any time you want to talk to us about your information please get in touch by phone or email.

**Please tick the box if you consent to us holding and storing your information.**

(Please note we are not allowed to work with you if you do not tick this box)

Additionally we would also like to contact you by email to provide free coaching help and links to useful resources. We also need your permission to do this as it could be interpreted as "direct marketing". There is no charge for this follow-up service.

**Please tick the box if you would like to receive these occasional emails.**

(Please note you can opt out at any time by phoning or emailing us)

**Agreement**

If you the participant understand all the statements and conditions on this form and agree to adhere to them please sign below.

Full Name

Signature

Date

**For participants under 18 years of age**

If you are under 18 please ask your parent or guardian to read through the form and if they also agree to the terms and conditions, ask them to sign it.

Full Name

Signature

Relationship to applicant

Date

Address and phone no. if different

**Thanks for the time you have spent supplying all this information.**

**Returning this form**

You can either send it as an attachment to an email or you can send a hard copy in the post. Please make sure you put the correct value stamps on the envelope to avoid any delays. Send to

**The BodyMind Programme, Llwynglas Barn, Saron, Llandysul, Carmarthenshire, SA44 5EH**

When we receive your form we will contact you within a week.

---

**Please circle how you discovered The Body*Mind* Programme.**

Recommended by a friend	Internet search result
Relative	Google advert
Your GP	Article
Other Physician	Radio
NHS ME/CFS Service	Facebook
Alternative therapist	

---

# The Body*Mind* Programme

If you have any questions please contact us.

Call Kate on 01559 418088

Or Steve on 07533 575042

[steve@thebodymindprogramme.com](mailto:steve@thebodymindprogramme.com)

[www.thebodymindprogramme.com](http://www.thebodymindprogramme.com)