

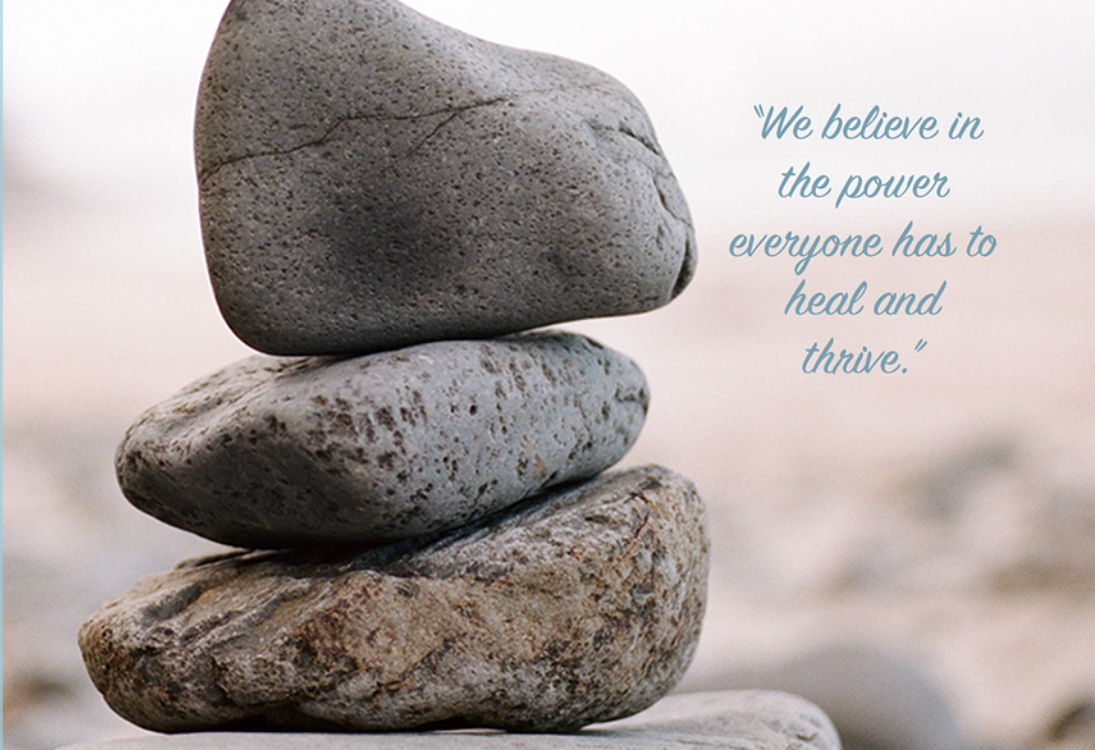


Stress Reduction Clinic Application Form

The Stress Reduction Clinic at the Ridgecrest Rural Health Clinic is offering an 8 week mindfulness based lifestyle change program delivered in a group setting and one-on-one supplementary visits with the Stress Reduction Team.

Please submit your application to the Rural Health Clinic Office:
1111 N. China Lake Blvd.
or email it to **ruralhealthclinic@rrh.org**

(760) 446-3551
Hospital Main Line
(760) 499-3855
Rural Health Clinic



Thank you for being interested in our stress reduction program. Please fill this application as honestly as possible and know that none of the information you disclose impacts your enrollment. We determine eligibility based on diagnosis and likelihood that you will benefit from our offering. We ask these questions to understand the level of care we would need to provide to you, which is an individualized process.

Full Name: _____

Gender: _____ Date of Birth: _____

Phone #: _____ Email: _____

1. Please list any medical conditions: _____

2. Please list any current medications you are taking: _____

3. Please rate your daily stress level:
0 1 2 3 4 5 6 7 8 9 10

NO STRESS MAX STRESS

4. Please describe why: _____

5. Have you ever been hospitalized for a mental illness? Yes No

6. Have you ever attempted suicide? Yes No

Please complete both pages for a complete application submittal....

7. Do you currently see a mental health professional (psychiatrist, psychologist or counselor) and when were you last seen? Please also indicate their name(s):

8. Who is your primary care provider and when were you last seen? If you don't have one please indicate this: _____

9. Please list your comfort level around other people:

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTREMELY UNCOMFORTABLE					EXTREMELY COMFORTABLE					

10. Will you be able to make a weekly commitment of 2.5 hours for 8 weeks?

Yes No

11. Which time(s) for a session would you prefer? Morning (8:30am - 11am)

Afternoon (1:30pm-4pm) Evening (4pm-6:30pm)

(You can choose more than one time slot)

12. Would you prefer: Tuesday Wednesday Thursday Friday

13. You will also be attending a one-on-one 40 min clinic visit with a member of the Stress Reduction Team to discuss progress. This will be at least once a month, or more depending on your needs and would be scheduled per your availability. Would you be able to attend a clinic visit in addition to the program at least twice during the 8 weeks? Yes No

Thank you for completing this application. We look forward to working with you and will contact you as soon as possible to discuss next steps. Please give us at least 4-8 weeks to get back to you.

*We wish you a kind, loving and easy day.
The Stress Reduction Team*



Dr. Hani Chaabo

is a board certified family physician specializing in integrative medicine. He also holds certifications in reiki and quantum touch. He is trained in Mindfulness Based Stress Reduction (MBSR) which is the most extensively studied mindfulness intervention in healthcare. He believes in nutritional therapy, mind-body medicine, cognitive behavioral therapy and biofeedback. Other members of the stress reduction team include a lifestyle medicine specialist, licensed behavioral health counselor and registered nurse.



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