

MINDFULNESS SCREENER

Please answer to the best of your ability - if you are not sure about something, please answer "not sure."

Contact/Personal information:

What is your name? _____

What is your date of birth? _____

What is your phone number? _____

What is your email address? _____

Patient healthcare information:

In order to be in this group, you must have a confirmed psychiatric disorder. In your pre-group appointment with our group leaders, they *will* be doing a psychiatric assessment.

Do you currently have a psychiatrist? YES___ NO___

If yes, name: _____

Do you currently have a therapist? YES___ NO___

If yes, name: _____

Who is it that is referring you to the Mindfulness group? _____

Do you have an anxiety disorder? YES___ NO___

What is your disorder? _____

Is this disorder functionally impairing to you or causing significant distress in your life? YES___ NO___

Is your anxiety disorder present most of the time? YES___ NO___

Do you have a depressive disorder? YES___ NO___

What is your disorder? _____

Have you had more than one depressive episode? YES___ NO___

If so, how many? _____

Are you currently depressed? YES___ NO___

I am interested in the Monday morning group with Lacey Schmidt. YES___ NO___

I am interested in the Tuesday afternoon group with Jack Nitschke. YES___ NO___

I would like to wait for the Fall session. YES___ NO___

***Continued on backside→

Insurance information:

Do you have insurance? YES____ NO____

If yes, with whom? _____

- Quartz and Medicare cover this group, please note, however, co-pays will apply. If there is a co-pay involved, it would be that times the number of group sessions (8).
- **If you have GHC or Dean insurance, you need to contact them for a prior authorization BEFORE your appointment can be scheduled, and please take note that they do not usually authorize for this group here.**
- **If you do *not* have Quartz, Medicare, Dean or GHC insurance, and you do not know what your insurance covers, you will have to contact your insurance carrier and ask them if they cover billing code for group-90853 (mental health visit). Co-pay would be times the number of group sessions (8). The initial pre-group intake appointment falls under billing code 90792.**

Prescreening Questions:

1. Have you been in any of our mindfulness groups here in the past? YES____ NO____

If yes, which one: Anxiety____ Depression____ Combined____

If yes, (Approximate) date: _____

2. Have you had any inpatient hospital stays in the last year? YES____ NO____

If yes, a group leader may need to call you and speak to you more about this.

3. Are you actively suicidal or engaged in any self-harm? YES____ NO____

If yes, a group leader may need to call you and speak to you more about this.

4. Have you participated in a DBT (Dialectical Behavior Therapy) group? YES____ NO____

If yes, a group leader may need to call you and speak to you more about this.

Scheduling pre-group appointment:

After you return your answers, and if there is no need for further contact from the group leaders before proceeding, I will then send you (via email) a set of appointment options to meet with one of the group leaders before group begins. When your ranking of these appointment options comes back to me, I will get you scheduled for your pre-group intake appointment with one of the group leaders in preparation for the group.

Please note, you will ***not*** be an active member of the class until we have completed all information, verified information, and have let you know that you are accepted into the group.

And also, last but NOT least, please feel free to contact me if I can be of any other assistance.

Megan