

Medical Form for Holotropic Breathwork

Breathwork is intended as a personal growth experience and should not be looked upon as a substitute for psychotherapy. Holotropic Breathwork can involve dramatic experiences accompanied by strong emotional and physical release. This workshop is not appropriate for pregnant women, or for persons with cardiovascular problems, severe hypertension, some diagnosed psychiatric conditions, recent surgery or fractures, acute infectious illness or epilepsy, or active spiritual emergency.

If you have any doubt about whether you should participate, it is essential that you consult your physician or therapist as well as the workshop organizers before attending.

The answers to the following questions are to assist your facilitators and will be kept strictly confidential. Please answer all questions as completely as possible.

1. Do you have a past history of, have been diagnosed with, or are currently experiencing, any of the following:

YES NO

A) Cardiovascular disease, including heart attacks
and any cardiovascular surgery

B) High blood pressure

C) Diagnosed psychiatric condition

D) Recent surgery

E) Past or recent physical injuries, including fractures or dislocations

F) Present or current infectious or communicable diseases

G) Glaucoma

H) Retinal detachment

I) Epilepsy

J) Osteoporosis

K) Asthma (If yes, please bring your inhaler to the workshop)

2. Are you currently pregnant?

3. Have you been hospitalized in the past 20 years for significant medical issues?

4. Have you ever been psychiatrically hospitalized?

5. Are you currently in therapy or involved in any type of support group?

6. Are you currently taking any type of medication? Describe on back.

7. Is there anything else about your physical or emotional status we should
be aware of?

8. Emergency contact : name _____ phone _____

If you answer "yes" to any of these questions, it is essential that you explain your answer on the back or on an attached page.

This medical form must be received by your workshop organizer as part of your registration. We cannot send your confirmation letter until we've received your medical form

PLEASE READ AND SIGN THE FOLLOWING STATEMENT:

I hereby confirm that I have read and understood the above information, and have answered all questions completely and honestly, and have not withheld any information. My general health, as far as I am aware, is good.

Signature & please also print your name

Age

Gender

Date

I have experienced Holotropic Breathwork before: Y or N ____