

Medical information form for Holotropic Breathwork

Holotropic Breathwork™ is intended as a personal growth experience. Holotropic Breathwork™ can involve experiences accompanied by strong emotional and physical release. This workshop is not appropriate for pregnant women, or for persons with cardiovascular problems, severe hypertension, severe mental illness, recent surgery or fractures, acute infectious illness, or epilepsy.

If you have any doubt about whether you should participate, consult your physician or therapist, as well as the facilitators 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 history of, or currently suffer from any of the following: Cardiovascular disease, including heart attacks	Yes	No
○ Cardiovascular disease, including heart attacks		
○ Severe mental illness		
○ High blood pressure		
○ Recent surgery (within 6 months)		
○ Past or recent physical injuries, including fractures or dislocations		
○ Recent or current infectious or communicable diseases		
○ Glaucoma		
○ Retinal detachment		
○ Epilepsy		
○ Osteoporosis		
○ Asthma (If yes, please bring your inhaler to the workshop.)		
2. Are you currently pregnant?		
3. Have you ever been hospitalized for medical reasons?		
4. Have you ever been psychiatrically hospitalized?		
5. Have you had or have a mental / spiritual distress?		
5. Are you currently in therapy or involved in any type of support groups?		
6. Are you currently taking any type of medication?		
7. Have you ever had a serious accident or have you ever been abused?		
8. Is there anything else about your physical or emotional status we should be aware of?		

If you answer "yes" to any of these questions, please explain or elaborate on a separate sheet.

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

Age

Date of birth

Printed Name

Date _____ Phone and e-mail address _____