

Holotropic Breathwork

Medical Information Form

Holotropic 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, severe mental illness, recent surgery or fracture, acute infectious disease or epilepsy. If you have any doubt about whether you should participate, consult with your physician or therapist as well as the facilitators before proceeding. The answers to the following questions are to assist your facilitators and will be kept strictly confidential. Please answer as completely as possible.

1. Do you have a history of, or currently suffer from any of the following:	Yes.	No
A. Cardiovascular disease, including heart attacks	_____	_____
B. High blood pressure	_____	_____
C. Severe mental illness	_____	_____
D. Recent surgery	_____	_____
E. Past or recent physical injuries, including fractures or dislocations	_____	_____
F. Recent or current infectious or communicable diseases	_____	_____
G. Glaucoma	_____	_____
H. Retinal detachment	_____	_____
I. Epilepsy	_____	_____
J. Osteoporosis	_____	_____
K. Asthma (if "Yes," please bring your inhaler to workshop)	_____	_____
2) Are you currently pregnant?	_____	_____
3) Have you ever been hospitalised for a psychiatric condition?	_____	_____
4) Are you currently in therapy or involved in any type of support group?	_____	_____
5) Are you currently taking any type of psychiatric medication?	_____	_____
6) Is there anything else about your physical or emotional status of which we should be aware? E.g. Current or historical Injury, surgery, traumatic birth, relevant medical condition.		

7) Do you have a fever or respiratory symptoms? _____

8) Have you been identified as a close contact of a confirmed covid case? _____

9) Have you return from overseas travel in the last 14 days? _____

10) Are you currently waiting on Covid-19 test results? _____

11) Have you been asked to self isolate by your GP or a government authority _____

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

Print Full Name _____

Your Signature _____

Date ____ / ____ / ____