

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.

- | | Yes. | No |
|--|-------|-------|
| 1. Do you have a history of, or currently suffer from any of the following: | | |
| A. Cardiovascular disease, including heart attacks | _____ | _____ |
| B. High blood pressure | _____ | _____ |
| C. Severe mental illness or psychiatric hospitalisation | _____ | _____ |
| 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? _____

I agree that

- I have not been identified as a close contact of a confirmed covid case
- I have not returned from overseas travel in the last 14 days
- I am not currently waiting on Covid-19 test results
- I have not been asked to self isolate by your GP or a government authority

I agree to undertake a Rapid Antigen Test (RAT) within 24hrs prior to the workshop commencement and will only attend if test is negative.

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

___ / ___ / ___

Emergency Contact Person:

Name:..... Number:.....