

HolotropicMA

MEDICAL INFORMATION FORM

For Participation in Holotropic Breathwork

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 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 past 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) 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 ever been hospitalized for medical reasons?

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?

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

PLEASE EXPLAIN: If you answered "yes" to any of these questions, please explain and on the back of this form. Please include any medications you may be currently taking for medical and/or emotional conditions.

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.

Please print your name

Age

Signature

Date

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Use this page if needed to list any additional relevant notes about your history: