

REGISTRATION FORM
Holotropic Breathwork Intensive

Event date: _____

Name _____

Address _____

Telephone _____

Email _____

How did you hear about our workshop? _____

Interested in similar events? (Circle one) **Yes** **No**

Signature

Date

MEDICAL FORM FOR 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 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 (Please write the letter Y for Yes and N for No:

	Yes	No
a. Cardiovascular disease, including heart attacks	_____	_____
b. Severe mental illness	_____	_____
c. High blood pressure	_____	_____
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 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 groups?	_____	_____
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?	_____	_____
8. If there are any potential concerns or contraindications to your attendance in HB, have you consulted with your physician or psychotherapist?	_____	_____
9. Have you experienced spiritual or emotional emergency?	_____	_____

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

Date of birth

Printed Name

Date

Emergency name and phone number