

# REGISTRATION FORM

*Breath of Remembrance*

Date of the session \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

How did you hear about our workshop?

\_\_\_\_\_

Interested in similar events? (Circle one)      Yes      No

\_\_\_\_\_

Signature

Date

## MEDICAL FORM FOR BREATH of Remembrance

Breathwork is intended as a personal growth experience and should not be looked upon as a substitute for psychotherapy. 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.**

**Have you practiced Breathwork before?** \_\_\_\_\_

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