MEDICAL INFORMATION FORM
For Holotropic Breathwork Participants

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, glaucoma, 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.

		Yes	No
1.	Do you have a past history of, or currently suffer from any of the following:		
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, or spinal injuries/surgeries	☐	☐
F.	Present infectious or communicable disease	☐	☐
G.	Glaucoma	☐	☐
H.	Retinal detachment	☐	☐
I.	Epilepsy	☐	☐
J.	Osteoporosis	☐	☐
K.	Asthma (if yes, please bring inhaler to the workshop)	☐	☐
2.	Are you currently pregnant?	☐	☐
3.	Have you ever been hospitalized for serious medical illness?	☐	☐
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 health that we should be aware of?	☐	☐

If you answered “yes” to any of these questions, please explain further.

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

__________ Date of Birth

____________________ Print your name here