

# The Breathworks Institute Workshop Registration and Medical Forms

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Please fill out the registration and medical form below and return with a \$50 deposit to “Synthesis,” 707 S. Second Avenue, Tucson, Arizona 85701. A space will be held for you upon receipt of this information. A map with starting and ending times, and location of the event will also be mailed to you then with a list of what to bring the day of the workshop. If you are a new participant, one of the facilitators will contact you to find out if you have any questions and to go over the contra-indications listed below. We look forward to having you join us for this event!

**Date** \_\_\_\_\_  
**Name** \_\_\_\_\_  
**Street Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Email :** \_\_\_\_\_  
**Phone number (Home)** \_\_\_\_\_ **(Work)** \_\_\_\_\_  
**Person to Contact in Case of Emergency:** \_\_\_\_\_  
**Where did you hear about the Workshop?** \_\_\_\_\_

## Please Read and Carefully Fill Out Medical Information Form Below

Holotropic Breathwork is intended as a personal growth experience. It can be a powerful adjunct to physical and emotional healing. This process, while different for everyone, can generate dramatic experiences accompanied by strong emotional and/or physical release. Certain contraindications apply and the workshop is not appropriate for **pregnant women, or for persons with cardiovascular illness, 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 and the facilitators before attending. The answers to the following questions are to assist your facilitators and will be kept confidential. Please answer all questions on both sides as completely as possible.

### 1. Do you have a past history of, or have you ever suffered 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? \_\_\_\_\_

*If you answer "yes" to any of these questions, please use the space below to elaborate.*

**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

\_\_\_\_\_  
Please print your name

**ADDITIONAL COMMENTS FROM ABOVE**