

The Breathworks Institute

Medical Form

707 S. 2nd Avenue Tucson, Arizona 85701

(520) 617 0364

www.breathworks.org Info@breathworks.org

This form needs to be completed *upon your registration* with the Hollyhock Centre for the “Healing the Global Crisis – A Revolution in Consciousness” event held at Hollyhock in June of 2009. To ensure your participation, please fill out this form, sign and mail to the Breathworks Institute at the address above. Only those who have completed this form *in advance of the workshop* will be allowed to participate. Please contact the Breathworks Institute staff if you have any questions.

Date _____

Name _____

Please Read and Carefully and Complete

Holotropic Breathwork is intended as a personal growth experience. 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, bipolar disorder, 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) Bi-polar Disorder	_____	_____
E) Recent Surgery	_____	_____
E) Recent physical injuries, including fractures or dislocations	_____	_____
F) Present or current infectious or communicable diseases	_____	_____
G) Glaucoma	_____	_____
H) Retinal detachment	_____	_____
I) Epilepsy	_____	_____
J) Asthma (If yes, please bring your inhaler to the workshop)	_____	_____
K). Are you currently pregnant?	_____	_____
M) Have you ever been psychiatrically hospitalized?	_____	_____
O. Are you currently taking any type of medication?	_____	_____

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

WHEN COMPLETE SEND TO
The Breathworks Institue
707 S. Second Avenue, Tucson, Arizona 85701

ADDITIONAL COMMENTS FROM ABOVE