

# GENERAL & MEDICAL Questionnaire

## RELEASE OF LIABILITY INFORMATION

Your Name (REQUIRED)

First: \_\_\_\_\_

Last: \_\_\_\_\_

Your Email Address: (REQUIRED) \_\_\_\_\_

Today's Date: (REQUIRED) \_\_\_\_\_

Your Phone Number: (REQUIRED) \_\_\_\_\_

## EMERGENCY CONTACT

Emergency Contact Name (REQUIRED)

First: \_\_\_\_\_

Last: \_\_\_\_\_

Emergency Contact Number: (REQUIRED) \_\_\_\_\_

Your Physician's Name: (IF APPLICABLE) \_\_\_\_\_

Your Physician's Contact Number: (IF APPLICABLE) \_\_\_\_\_

## GENERAL

Have you ever done breathwork prior to this program? (REQUIRED)

Yes  No

Has there been an event or an experience that you feel open to sharing that could support me, as your facilitator, support you in a deeper way?

## GENERAL & MEDICAL QUESTIONNAIRE

Have you been hospitalized in the last 12 months? (REQUIRED)

Yes  No

IF YES, PLEASE EXPLAIN:

### MEDICAL

Have you had OR do you presently have any of the following conditions? (CHECK IF YES)

#### CONDITIONS

- Angina
- Cardiovascular disease
- Heart attack
- High blood pressure
- Glaucoma
- Retinal detachment
- Osteoporosis
- Seizure disorders
- Recent injury or surgery
- Any condition for which you take regular medications
- History of panic attacks
- History of psychosis
- Severe untreated mental illness
- Family history of aneurysms
- Frequent dizziness or vertigo
- Are you currently pregnant?
- Other

IF YOU SELECTED OTHER, PLEASE SPECIFY HERE:

## GENERAL & MEDICAL QUESTIONNAIRE

If you have answered "Yes" to one or more of the above questions, you must consult your physician before engaging in meditative breathwork. Tell your physician which questions you answered "Yes" to. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition. Please share a written confirmation from your physician if you are approved to participate in the breath session.

By signing here you attest to the truthfulness of your statements and answers. I, as your facilitator, reserve the right to determine eligibility for engagement and participation in our program based upon the answers given.

Printed Name: (REQUIRED) \_\_\_\_\_

Signature: (REQUIRED) \_\_\_\_\_ Date: (REQUIRED) \_\_\_\_\_