



## MEDICAL DECLARATION

*(This form is confidential )*

Your name:

Breathwork is intended as a personal growth experience, and should not be looked upon as a substitute for psychotherapy. The Breathwork process can involve a deep experiences accompanied by powerful emotional and physical release as well as gentle sensations. Each session and experience is individual and unique.

In order for us to provide accurate support and to create a safe setting for this experience, please answer the following questions and provide as much information as possible. All information remains confidential.

*[Use the back of this page to elaborate on any 'yes' answers or to provide further information.]*

**Do you have a history of, or have you recently experienced any of the following?**

	YES	NO
Cardiovascular disease, including angina or heart attack	___	___
High blood pressure	___	___
Mental illness or psychiatric hospitalization		
Surgery, inpatient or outpatient	___	___
Past or recent significant physical injuries	___	___
Recent or current infectious or communicable diseases	___	___
Glaucoma	___	___
Retinal detachment	___	___
Seizure disorder (epilepsy)	___	___
Osteoporosis	___	___
Diabetes	___	___
Back problems	___	___





*Please provide details about any potential concerns here, or anything you feel we should know:*

**Personal Details**

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Would you like to be receiving the Lottelife monthly Newsletter?    Yes    No

Where did you here about Lottelife? (Optional) \_\_\_\_\_

Thank you,

Warmly Lotte schultz