HOLOTROPIC BREATHWORK™ MEDICAL INFORMATION FORM

Please read the following information. If you have any questions, please check with one of the facilitators.

(*This form is confidential)*

Your FULL NAME *print please: _____

Holotropic 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 experience accompanied by powerful emotional and physical release as well as gentle sensations. Each session and experience are individual and unique.

This workshop is not appropriate for pregnant women, or for persons with cardiovascular problems, severe hypertension, severe mental illness, recent surgery or fractures, acute infectious illness, or epilepsy.

The answers to the following questions are to assist your facilitators and will be kept strictly confidential.

In order for us to provide support and to create the container for the HB setting for this experience, please answer the following questions and provide as much information as possible.

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

Personal Details *print please

Phone: _____

Email: _____

Emergency Contact:

Name: _____

Phone: _____

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

where did you hear about Lottelife? (Optional) _____

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	___	___
2) Do you have asthma? (If yes, please bring your inhaler & alert us at the beginning of the workshop/session.)	___	___
3) Are you currently pregnant?	___	___
4) Are you currently in therapy or in a support group?		
5) Have you ever, or are you currently experiencing spiritual emergency?	___	___
6) Are you currently taking any medication?	___	___
7) Please agree YES to not consume any alcohol/drugs prior to your session		
8) Is your general health good?	___	___

9) Is there anything else about your physical or emotional situation that we should be aware of?

* Have you experienced Holotropic Breathwork ? ___ ____

Please indicate your date of birth: _____

If you answered "yes" to any of these questions, please explain or elaborate on the side or back of this sheet, or if submitting electronically, explain in an email.

PLEASE READ AND INITIAL THE FOLLOWING STATEMENTS

I understand that this Holotropic Breathwork™ workshop is intended as a personal growth experience and should not be used as a substitute for psychotherapy.	
I understand that Holotropic Breathwork™ could involve dramatic experiences accompanied by strong emotional and physical release.	

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. If I am submitting this form electronically, I agree that my typed name on the signature line below shall be the binding, legal equivalent of my actual signature.

I have read, understood, and have truthfully answered the above questions.
If I have indicated a potential concern, I have provided details.

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Name (Printe)	Signature	Date

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

Thank you,

Warmly, Lotte Schultz