Name (please print):_____

Address:_____

Phone:_____ Email: _____ Workshop Date:_____

HEALTH CHECK FOR BREATHWORK PARTICIPANTS, 2019

The Breathwork experience can involve intense experiences accompanied by powerful emotional and physical release. Pregnancy, cardiovascular disease, severe hypertension, a family history of aneurisms, recent surgery or fractures, acute infectious disease, seizure disorder, or certain psychiatric conditions are contraindications. So we can advise you properly, please answer the following questions. We will keep all your answers confidential. Your information will help us create a safe setting for this experience.

1) Do you have any of the following?	YES	NO
Cardiovascular disease, including angina or heart attack	___	___
High blood pressure	___	___
A family history of aneurisms	___	___
A personal history of 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	___	___
Back problems	___	___
Sleep problems (apnea, snoring, etc.)	___	___
Dietary restrictions (vegetarian, gluten-free, etc.)	___	___
2) Have you been advised (by a doctor or other health care provider) to restrict your physical activity in any way?	___	___
3) Do you have asthma? (If you do, please bring your inhaler and call our attention to it at the workshop.)	___	___
4) If you are a woman, are you pregnant?	___	___
5) Are you currently in therapy or in a support group?	___	___
6) Are you currently taking any medication?	___	___
7) Do you have any other physical problems?	___	___
8) Is your general health good?	___	___
9) Is there anything else about your physical or emotional situation that you would like us to be aware of?	___	___

Please use the back of this page to give details regarding any "yes" answers.

Mail this form along with a non-refundable $25 deposit payable to "Elizabeth Gibson" to:

E. Gibson,
128 Solar Park,
Pawlet, VT 05761

Your registration will be confirmed.

Thank you!

Please indicate your date of birth: _____

Confirm by signing here that you have understood and completely answered all questions. Thank you.

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Signature / Printed name Date

Emergency Contact Name & Phone:_____