

(If you've filled out one of these for us recently, and there are no changes, just say, "No Changes." Please put any address changes--postal, email, or any comments on the other side. Thanks.)

## MEDICAL INQUIRY FOR BREATHWORK PARTICIPANTS

The Breathwork experience can involve dramatic 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 about this, please answer the following questions. We will keep all your answers confidential. Your information will help us create a safe setting for this experience.

	YES	NO
1) Do you have any of the following:		
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 .....	___	___
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) Is your general health good? .....	___	___
8) 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.*

Please indicate your date of birth: \_\_\_\_\_

Please confirm by signing below that you have read, understood, and completely answered the above questions. Thank you.

-----  
Signature / Printed name

-----  
Date