

Intakeform for Sacred Breath/ Holotropic Breathwork retreats & workshops

Breathwork is intended as a personal growth experience and should not be looked upon as a substitute for psychotherapy. Sacred Breath/ Holotropic Breathwork can involve dramatic experiences accompanied by strong emotional and physical release.

CONTRA INDICATIONS:

This workshop is not appropriate for pregnant women, or for persons with cardiovascular problems, severe hypertension, some diagnosed psychiatric conditions, recent surgery or fractures, acute infectious illness or epilepsy, or active spiritual emergency.

If you have any doubt about whether you should participate, it is essential that you consult your physician or therapist as well as the workshop organizers before attending.

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

Please answer all questions as completely as possible – adding further information at the end of the form where there are any ‘yes’ answers:

Do you have experience with bodywork, breathwork or other personal development? If yes, what exactly?

Did you ever participate in a Sacred Voyage weekend or retreat?

If so, which one(s)? _____

Emergency contact information (partner/family/friend):

Name _____ phone number: _____

If you answer, "yes" to any of these questions below, it is essential that you explain your answer on the back or on an attached page.

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. My general health, as far as I am aware, is good.

Do you have a past history of, have you been diagnosed with, or are you currently experiencing any of the following:	Yes	No
Cardiovascular disease, including heart attacks, any cardiovascular surgery and any cardiovascular symptoms such as arrhythmia or angina		
High blood pressure		
Strokes, TIAs, seizures, or other brain or neurological conditions		
Diagnosed psychiatric condition		
Recent surgery		

Past or recent physical injuries, including fractures or dislocations		
Present or current infectious or communicable diseases		
Glaucoma		
Retinal detachment		
Epilepsy		
Osteoporosis		
Asthma (if yes please bring your inhaler to the workshop)		
Other information:		
Are you currently pregnant?		
Have you been hospitalized in the past 20 years for significant medical issues?		
Have you ever been psychiatrically hospitalized?		
Are you currently in therapy or involved in any type of support group?		
Are you currently taking any type of medication? (If yes, please list)		
Is there anything else about your physical or emotional status we should be aware of?		

Extra information about (past) diseases, operations, diagnoses etc please write here:

Date : _____

Age : _____

Gender : _____

Your full name : _____

RETURN THE COMPLETED INTAKE TO info@thesacredvoyage.com THANK YOU!