**Intakeform for Sacred Breath (breathwork) workshops**

Breathwork is intended as a personal growth experience and should not be looked upon as a substi- tute for psychotherapy. Sacred Breath/ Breathwork can involve intense 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 infec- tious illness or epilepsy, or active spiritual emergency.

If you have any doubt about whether you should participate, it is essential that you consult your phy- sician 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 confi- dential.

**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:** | page1image1592696400  **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  page1image1632399168 |  |  |
| Past or recent physical injuries, including fractures or dislocations |  | page2image1632069968 |
| 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 is- sues? |  |  |
| 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? |  | page2image1632129952page2image1632127824 |

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anything we need to know about you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Age : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Gender : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Your full name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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