

# Holotropic Breathwork Consent Form

Holotropic Breathwork is a powerful method of inducing expanded states of consciousness. As such, it is not appropriate for everyone. The following list of contraindications are representative of conditions that require further examination before participation. The intent of these questions is to help facilitators understand how we can support you at the workshop. Please consult your medical providers if you have any doubts about your participation in the workshop.

\* Indicates required question

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1. Email \*

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2. Full Name \*

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3. Email \*

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4. Phone number \*

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5. Address \*

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## 6. Date of birth \*

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*Example: January 7, 2019*

## 7. Emergency contact name \*

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## 8. Emergency contact phone number \*

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**Contraindications**

The following are a list of contraindications for participation in Holotropic Breathwork. Please consult your health care providers if you have any doubts about your participation.

## 9. Check all boxes that apply to you.

*Check all that apply.*

- Cardiovascular disease, including heart attack
- Unmanaged high blood pressure
- Diagnosed psychiatric condition
- Recent surgery
- Past or recent physical injuries, including fractures or dislocations
- Present/current infectious or communicable diseases
- Glaucoma or Retinal detachment
- Epilepsy
- Osteoporosis
- Asthma (if yes, bring your inhaler)
- Currently pregnant
- Hospitalization in the past 5 years
- Hospitalized for mental health or emotional reasons in the past 5 years
- Current medications
- Have you ever purposely injured yourself or anyone else
- Is there anything else we should know?

10. Please elaborate if you checked any contraindication boxes.

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11. \*

*Check all that apply.*

- I understand that it is my responsibility to seek medical advice for contraindications and notify the facilitator of any of the above noted contraindications
- I understand that Holotropic Breathwork is intended as a personal growth experience and should not be used as a substitute for psychotherapy
- I understand that Holotropic Breathwork can involve dramatic experiences accompanied by strong emotional and physical release

## Consent

By choosing "Yes" to agree to this document you are confirming that you have read and understood all questions and have answered them completely and honestly. You agree to seek advice from your health care provider regarding any applicable contraindications. You consent to participation in the workshop. If there are any changes regarding your answers on this form between now and the time of the workshop, you will notify Tami Denice Cartwright by email.

12. Do you agree to the above statement? \*

*Mark only one oval.*

- Yes, I hereby confirm that I have read, understood and agree
- No, I do not agree