Maine Holotropic
916 Cross Point Rd.
Edgecomb, ME 04556
207.882.4004

Workshop Information & Medical Form

This medical form must be received by your workshop organizer as part of your registration. We cannot send your confirmation of registration until we receive your signed medical form.

Information on the medical form is to assist your facilitators and will be kept strictly confidential. Please answer all questions as completely as possible.

Name_____

Address_____

City _____ State _____ ZIP

Telephone_____

Email_____

Emergency contact:
Name_____

Phone _____

Workshop Dates_____

(If you have 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.)

Payment
Workshop cost is $250, or $230 if you bring a friend.

❏ Paid using Paypal: Date _____
❏ Check enclosed

Please indicate any dietary preferences:

_____

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 indicate your date of birth: _____

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

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Signature / Printed name Date

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

Mail to: Jean Wood • 916 Cross Point Rd • Edgecomb, ME 04556