



PLEASE EMAIL OR MAIL TO OMEGA PRIOR TO THE WORKSHOP:

Scan and Email: ClassApplications@eOmega.org

or

Mail: Omega Institute Attn: Registration Department, 150 Lake Drive, Rhinebeck, NY 12572

Medical Form

Holotropic Breathwork is intended as a personal growth experience and should not be looked upon as a substitute for psychotherapy. Holotropic Breathwork can involve dramatic experiences accompanied by strong emotional and physical release. This workshop is not appropriate for pregnant women, or for persons with cardiovascular problems, severe hypertension, severe mental illness, recent surgery or fractures, acute infectious illness or epilepsy.

If you have any doubt about whether you should participate, consult your physician or therapist. as well as the facilitators 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.

1. Do you have a past history of, or currently suffer from any of the following:

	YES	NO
_____ A) Cardiovascular disease, including heart attacks		_____
_____ B) High blood pressure	_____	_____
_____ C) Severe mental illness	_____	_____
_____ D) Recent Surgery	_____	_____
_____ E) Past or recent physical injuries, including fractures or dislocations	_____	_____
_____ F) Present or current infectious or communicable diseases		_____
_____ G) Glaucoma	_____	_____
_____ H) Retinal detachment	_____	_____
_____ I) Epilepsy	_____	_____
_____ J) Osteoporosis	_____	_____
_____ K) Asthma (If yes, please bring your inhaler to the workshop)	_____	_____

2. Are you currently pregnant? _____
3. Have you ever been hospitalized for medical reasons? _____
4. Have you ever been psychiatrically hospitalized? _____
5. Are you currently in therapy or involved in any type of support group? _____
6. Are you currently taking any type of medication? _____
7. Is there anything else about your physical or emotional status we should be aware of? _____

PLEASE EXPLAIN: If you answer "yes" to any of these questions, please explain or elaborate here and on the back of this form.

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.

Signature

Age

Date

Please print your name