



HEALTH CHECK LIST: EXPERIENTIAL WORKSHOP

DATE OF WORKSHOP:

TITLE OF WORKSHOP:

PLEASE TICK ANY OF THE FOLLOWING CONDITIONS THAT APPLY TO YOU AND INDICATE ANY MEDICATION BEING TAKEN

Most conditions will not stop you participating but some will need discussion

- A recent injury to any part of your body or any uninvestigated pain
- A current infection or any undiagnosed fever
- Any condition such as kidney or cardio-vascular disease (this includes heart problems and mini-strokes) or a tendency towards spontaneous lung collapse
- High Blood Pressure
- Epilepsy
- Asthma
- Recent surgery. Please give dates and details
- Osteoporosis
- Diabetes
- Glaucoma
- Retinal Detachment
- Haemophilia
- Cancer
- Pregnancy
- HIV Positive/AIDS
- Hepatitis B/C
- Tuberculosis
- Previous Psychiatric Diagnosis
- Vertigo
- I am currently taking Warfarin
- I am currently taking, or have taken in the past 6 months, the following medication – use separate sheet
- *I am currently in therapy/counseling – Name of Therapist.....
- Please let us know, on a separate sheet, of any illness or injury not listed above

*BREATHWORK CAN BRING UP DEEP AND POWERFUL FEELINGS IN SOME PEOPLE AND IT IS IMPORTANT THAT ALL PARTICIPANTS ARE EITHER ALREADY IN THERAPY OR HAVE EASY AND IMMEDIATE ACCESS TO THERAPY AFTER THE WEEKEND.

Signature:.....

Date:.....

Please print your name:.....