True Alchemy – Breathwork Client Information Form

Name: _____ Date: _____

Address: _____

Phone:_____ Email: _____

Occupation: _____ Date of Birth: _____

Emergency Contact (name and phone): _____

How did you hear about Sunshine Bodyworks: _____

Have you ever received breathwork? _____

What would you like to receive from this session? _____

Health Information (please circle if you experience any of the following)

Smoker Seizures Diabetic Pregnant Varicose Veins Contagious Disease Cancer High/Low BP Frequent Headaches Heart Condition Nausea Allergies Dementia Epilepsy Surgery in the last 3 years

Are you currently suffering from any pain related to traumatic experience: _____

_____

Are you currently or in the recent past seeing a psychologist, psychiatrist or other mental health practitioner: _____

_____

Are you currently taking any medications or supplements: _____

_____

Do you have any conditions that may require a doctor's release: _____

I attest that the above is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Disclaimer: By signing above, I understand a breathwork therapist is not a medical doctor and does not practice medicine. They do not diagnose, heal or treat diseases or otherwise prescribe medication. They assist people in correcting breathing and energetic imbalances to assist the body to release its innate healing ability. When the breath is open and balanced and the energy of the body is balanced and moving correctly, the body's innate natural energy heals itself. All healing is self-healing. Breathwork therapists recommend that clients continue to see their regular medical doctors and follow their advice, that breathwork is complementary to allopathic medicine. A breathwork therapist does not discriminate based on race, age, religion, sexual reference or gender.