

## Consent form

All information provided is confidential and used solely to support your wellbeing and safety during breathwork sessions.

### 1. Personal Information

Full Name:

Date of Birth:

Email Address:

Phone Number:

Emergency Contact (name and number):

Student / Occupation:

GP details:

### 2. Health Information

Do you currently have or have you ever experienced any of the following conditions?	Yes	No
Asthma or other respiratory conditions		
Detached retina		
Diabetes		
Heart condition or high/low blood pressure		
Epilepsy or seizures		
PTSD, trauma or panic disorder		
Anxiety or depression		
Pregnancy (current)		
Recent surgery or injury		
History of psychosis, bipolar disorder, or schizophrenia		
Other (please specify):		
Are you currently taking any medication?		
If yes, please list the name(s) and purpose of medication(s):		

### 3. Lifestyle & Wellbeing

How would you rate your current stress level? (1 = low to 5= Very high)

1 (Low)	2	3	4	5 (High)

Do you currently or previously practice any of the following? (Tick all that apply)

- Breathwork
- Meditation
- Yoga
- Pilates
- Physical exercise
- Therapy or counselling
- Other self-care practices: \_\_\_\_\_

Do you have any current or past experience with breathwork?

- None
- Some experience
- Regular practice

What was the benefits and challenges of breathwork for you?

### 4. Goals and Intentions

What brings you to breathwork?

What are your top 3 goals for the breathwork sessions?

Goal 1

Goal 2

Goal 3

## 5. Consent and Agreement

Please read and sign below:

I understand that breathwork may involve emotional, physical, or mental experiences.

I am responsible for listening to my body and stopping at any time if I feel discomfort.

I have disclosed all relevant medical conditions and understand this is not a substitute for medical or psychological treatment.

I understand that this information will be kept in a secure and confidential place to meet the Data Protection Act 1998 and General Data Protection Regulations (GDPR) 2018.

I understand that any physical activity contains risks and agree not to hold the breathwork practitioner responsible for any injury, accidental or otherwise.

By signing this agreement, I certify that I am 1) not suffering from any physical injury which have not been disclosed and 2) there is no reason why a medical doctor would recommend that I do not participate in the breathwork session.

### **Cancellation policy**

**All fees are non-refundable 48-hours before the first session. All information contained herein will be considered confidential.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_