



Consultation Form for Sunshine Solo Sessions

Name

Date of Birth

Month Day Year

Email

example@example.com

Phone Number

Emergency Contact Name: Emergency Contact Phone

Emergency Contact Name

What brings you to this Sunshine Solo Session

What are your primary intentions or goals for this session

Have you participated in breathwork or similar holistic practices before?

Yes

No

If yes please describe your experience

Are there any specific challenges or emotional blocks you would like to address during this session?

Do you have any of the following health conditions? (Check all that apply)

Heart Conditions (e.g. arrhythmia, coronary disease, heart attack history)

Epilepsy or seizures

High or low blood pressure (e.g., hypertension, hypotension)

Respiratory issues (e.g., asthma, COPD, shortness of breath)

Pregnancy (any trimester)

Recent surgery or injury (within the last 6 months)

Chronic pain or musculoskeletal issues (e.g., back pain, joint problems)

Diabetes or blood sugar-related conditions

Neurological conditions (e.g., migraines, multiple sclerosis)

Dizziness, fainting, or vertigo

Anxiety or panic disorders

Depression

PTSD (Post-Traumatic Stress Disorder)

Bipolar disorder

Schizophrenia or other psychotic disorders

Current or past substance abuse issues

Other

Are you currently under the care of a mental health professional or taking any medications for mental health?

Yes

No

Type a question Have you consulted with a healthcare provider about participating in breathwork?

Yes

No

2 How would you describe your current energy levels or emotional state

3 Is there anything else youd like the facilitator to know before the session

Agreement and Acknowledgment By signing below, I confirm that the information provided is accurate to the best of my knowledge. I understand that this session is not a substitute for medical or psychological care and that I am responsible for my own well-being during and after the session.

Name Print

Date

Month Day Year