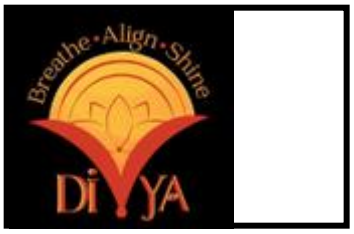

Consultation Form for Golden Rays Couples Sessions

Partner 1 Name

Partner 1 Date of Birth

Month Day Year

Partner 2 Name

Partner 2 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 Golden Rays Couples Session

What are your primary intentions or goals for this session as a couple

Have you participated in breathwork or similar holistic practices before?

- ☐ Yes
- ☐ No

If yes please describe your experience

Does either partner have any of the following health conditions? (Check all that apply)

- ☐ Heart conditions (e.g., arrhythmia, coronary artery 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 either of you currently experiencing or have a history of any mental health conditions? (e.g., anxiety, depression, PTSD)

- ☐ Yes
- ☐ No

If yes please describe

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

- ☐ Yes

☐ No

If yes, please list all medications currently being taken

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

☐ Yes
☐ No

Are there specific areas of your relationship you would like to strengthen? (e.g., communication, intimacy, trust, etc)?

2 Are there any specific challenges or emotional blocks youd like to address during this session

3 How would you describe the current state of your relationship eg connected needing growth experiencing conflict

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

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

Partner 1 Name Print

Date

Month Day Year

Partner 2 Name Print

Date

Month Day Year