



Consultation Form for Golden Hour Family Breathwork Sessions  
Family Representative Information

Name

Email

example@example.com

Phone Number

Emergency Contact Name

Emergency Contact Number

**Please list the names and ages of all participating family members**

Name

First Name      Age

Name

First Name      Age

Name

First Name                      Age

Name

First Name                      Age

Name

First Name                      Age

Name

First Name                      Age

What brings your family to this Golden Hour Family Breathwork Session?

What are your family's primary intentions or goals for this session?

Have you or any family members participated in breathwork or similar holistic practices before?

Yes

No

If yes please describe your experience

Does anyone in your family 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

Have you consulted with a health care provider about participating in breathwork?

- Yes
- No

Is anyone in your family currently under the care of a mental health professional or taking any medications for mental health?

- Yes
- No

If yes, please list any medications currently prescribed

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

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

3 Is there anything else you would 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 for participants and that I am responsible for informing family members of their role in maintaining their well-being during and after the session.

Family Representative Name Print

Date

Month Day Year

Emergency Contact Name: Emergency Contact Phone