



Neurodynamic Breathwork

Medical Form

Helga Coetzer

MEDICAL INFORMATION AND RELEASE FORM

Neurodynamic Breathwork is intended as a personal growth experience and should not be looked upon as a substitute for psychotherapy. Neurodynamic Breathwork can involve experiences accompanied by very strong emotional and physical release. This workshop is not appropriate for pregnant women, or for persons with severe cardiovascular problems, severe hypertension, severe mental illness, acute infectious illness. In some specific cases, this workshop would also not be appropriate in cases of recent surgery/fractures or of epilepsy or various other conditions. If you have any doubt about whether you should participate, consult your physician or therapist, as well as the facilitators before attending. The answers to the following questions are to assist your facilitators and will be kept strictly confidential. Please go through all questions below and if uncertain contact me at info@helgasanctuary.com

1. Do you have a past history or currently suffer from any of the following:

- a. Cardiovascular disease including heart attacks
- b. High blood pressure
- c. Diagnosed Psychiatric Condition
- d. Recent surgery
- e. Past or recent physical injuries including: fractures/dislocations that are not fully healed
- f. Present/ current infectious or communicable diseases
- g. Glaucoma
- h. Retinal Detachment
- i. Epilepsy
- j. Asthma(if so, please keep inhaler close)
- k. Prior diagnosis by Healthcare Professional of Bipolar Disorder, or Schizophrenia?
- l. Osteoporosis that is serious enough that intense movement could cause physical injury.
- m. Strokes, seizures or other brain/neurological condition
- n. History of aneurysm in immediate family (children, siblings or parents)?
- o. Are you currently pregnant?
- p. Have you been hospitalized for medical reasons within the last 10 years (if yes, please contact me at info@helgasanctuary.com)?
- q. Have you ever been hospitalized due to an emotional crisis (this could include severe depression, suicidal thoughts or attempt to commit suicide, a psychotic episode or nervous breakdown). (if yes, please contact me at info@helgasanctuary.com)
- r. Are you currently in therapy or involved in any form of support group or practice?

- s. Is there anything else about your physical or emotional status you are uncertain of? If yes, please contact me at atinfo@helgasanctuary.com?
- t. Have you ever purposely injured yourself or somebody else?

I trust that you understand that Neurodynamic Breathwork practice is intended as a personal growth experience and should not be used as a substitute for psychotherapy.

You understand that Neurodynamic Breathwork could involve dramatic experiences accompanied by strong emotional and physical release.

In order to get the benefits of this practice and to be safely grounded and understand that in order to be accepted to attend this workshop, I agree to stay for the entire event. If, despite the above, you still decide to leave a session without completing it, you understand and agree that you will be accepting full responsibility for any consequences of leaving early and release and waive any and all claims which you might have against Helga Coetzer or Helga's Sanctuary and Breathe to Thrive in connection with your early departure.

Please read the following statement.

I hereby confirm that I have read and understood the above information and answered all questions completely and honestly, and have not withheld any information. If there are any changes in regards to the answers on this form between now and the time of the online breathwork practice, I will notify Helga Coetzer immediately.

Thank you for taking the time and responsibility for your well-being. I trust that your general health, as far as you are aware, is good and you will be able to join us.

Kind Regards
Helga