

Participant Questionnaire

Name:

Contact Info:

How did you hear about this workshop?

What draws you to this work?

Do you have any experience with Breath Work or Journey Work? (describe)

Do you have any medical conditions we should know about? (Pregnancy, HBP, Cardiac, Neuro...)

Are you currently under a physician's care? (why)

Are you currently seeing a psychotherapist?

Do you have any history of psychiatric illness or hospitalizations?

Anything else you think we should be aware of?

Payment Preference: CASH _____ CHECK _____ PLASTIC _____