

# Breathwork with Matt Freer

## PRE SESSION QUESTIONNAIRE

Name:

Date:

Phone:

E-mail:

Occupation:

Age:

What is your present state of health?

Do you have any medical conditions and/or are you using any medication? Please detail below:

Are you married/living with someone?

Do you have children?

(For women) How did the pregnancy/ies and delivery/ies go?

What do you know about your own birth?

What number child are you? of

How old when next sibling came?

Any miscarriages before your birth?

Any major emotional traumas during childhood?

Any major emotional traumas during adulthood?

Do you have previous experience of healing, therapy, counselling or self development courses?

What current issue or complaint would you like to resolve through Breathwork?

How long has this been an issue in your life?

What are the impacts of this issue on your life?

What would you like instead?

If the process worked really well for you what would that bring you?

Is there anything else you think is relevant?

### **Medical Waive and Release**

Breathwork is a powerful healing modality and although usually a deeply relaxing and enjoyable process, it can result in certain specific physiological changes in the body.

Sessions can cause and are not limited to:

- Tingling
- Dizziness
- Trembling, shaking or other physical sensations
- Emotional experiences
- Experience of energy moving through your body

As a precaution, the following conditions are contraindicated and it is crucial that you inform your breathwork practitioner before the session if any of the following conditions are relevant to you.

- Epilepsy
- Cardiovascular disease including angina, previous heart attack or stroke.
- Diagnosis of aneurysm in the brain or abdomen
- High Blood Pressure (not controlled with medication)
- Detached Retina or Glaucoma
- Prior diagnosis of bipolar disorder, schizophrenia or previous psychiatric condition.
- Hospitalisation for any psychiatric condition or emotional crisis within the last 10 years.
- Uncontrolled thyroid conditions and diabetes
- Kidney infection
- Asthma – you may wish to bring your inhaler to the session.
- Pregnancy
- Any other medical, psychiatric or physical conditions which would impair or affect ability to engage in any activities that involve intense physical and/or emotional release.

By undertaking one-one sessions with me you accept the following waiver:

'I understand that I must advise you if I am taking any medications or have any medical conditions such as, but not being limited to those contraindicated above, that I certify that I have consulted a health professional regarding any physical, mental or emotional condition that could interfere with my judgment, or affect my health in any way during or after any and all session(s). I understand and acknowledge that I am responsible for consulting my health care provider or doctor in case I have or suspect to be suffering from a health problem. I understand and acknowledge that I am fully responsible for any and all risks, injuries, or damages, known or unknown, which might occur as a result of my participation, unless negligence can be proven. It is with this understanding that I voluntarily accept this waiver.'

Name:

Date:

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Once completed please email your for to me at [matt@mattfreer.info](mailto:matt@mattfreer.info)