



Health & Wellness Coaching

Carolyn Flanigan

Health Screening, Consent & Participant Declaration

Breathwork & Hypnotherapy | Health Coach Caz

Think well, eat well, move well & breathe.

Participant Details

Full name: _____

Date of birth: _____

Phone: _____

Emergency contact: _____

Emergency contact phone: _____

Health Screening

Breathwork can create temporary physical and emotional changes. Please let your facilitator know about anything that may affect your ability to participate safely. Tick Yes or No.

Health consideration	Yes	No
Heart or cardiovascular condition	☐	☐
High or uncontrolled blood pressure	☐	☐
Epilepsy, seizures or history of seizures	☐	☐
Asthma or significant respiratory condition	☐	☐
Recent surgery, injury or serious illness	☐	☐
Pregnancy or possibility of pregnancy	☐	☐
Fainting, dizziness or loss of consciousness	☐	☐
Glaucoma or significant eye condition	☐	☐
Current medications that may affect participation	☐	☐
History of panic attacks or severe anxiety during breathing practices	☐	☐
Current or recent significant psychological or psychiatric condition	☐	☐
Any other condition that may affect your participation	☐	☐

If you answered YES, please provide details:

A Yes answer does not necessarily mean you cannot participate. Your facilitator may discuss modifications or ask you to obtain advice or clearance from a qualified healthcare professional before more intensive breathwork.

Your Choice & Your Body

Your participation is always voluntary.

During breathwork or hypnotherapy you may experience changes in breathing, physical sensations, tingling, temperature, emotions, memories or other responses. Experiences vary from person to person.

Listen to your body throughout the session. You may slow your breathing, return to normal breathing, change position, decline an exercise or stop participating **at any time**.

Tell your facilitator immediately if you experience pain, significant dizziness, chest pain, difficulty breathing, severe distress or anything that concerns you.

Hypnotherapy

Hypnotherapy involves guided relaxation, focused attention and suggestion. You remain an active participant and may stop the session at any time.

Breathwork and hypnotherapy are complementary wellbeing practices. They are not intended to diagnose, treat or cure medical or mental health conditions and are not a substitute for appropriate medical, psychological or psychiatric care. No particular outcome is guaranteed.

Respect & Confidentiality

Our sessions are intended to provide a safe and respectful environment. I agree to:

- Follow reasonable instructions and safety guidance provided by the facilitator.
- Treat other participants and facilitators with kindness and respect.
- Respect the privacy and confidentiality of experiences shared by other participants.
- Not photograph, film or record another participant without their express permission.
- Attend free from the influence of alcohol or recreational drugs.
- Let the facilitator know if I feel unable to continue safely.

Consent to Appropriate Support

Some breathwork practices may involve facilitator guidance or supportive touch.

☐ I consent to appropriate supportive touch where explained.

☐ Please ask me each time before touching me.

☐ I do not consent to physical touch.

Consent can be changed or withdrawn **at any time**, including during a session.

Participant Declaration

By signing below, I confirm that:

- I have answered the health screening questions honestly and to the best of my knowledge.
- I understand the nature of the breathwork and/or hypnotherapy session and have had the opportunity to ask questions before participating.
- I understand participation is voluntary and that I may modify or stop any practice at any time.
- I agree to follow the facilitator's reasonable safety instructions and understand that I am responsible for communicating if I feel uncomfortable or unwell.
- I understand that breathwork and hypnotherapy are complementary wellbeing practices and do not replace appropriate professional medical or mental health care.
- I understand individual experiences and outcomes vary and no particular result has been promised.
- I voluntarily choose to participate.

Participant name: _____

Signature: _____

Date: _____

Facilitator: _____

Facilitator signature: _____

Health Coach Caz | Mudita Wellness Retreats

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