



# BREATHWORK INTAKE FORM

## Breathwork Certification: July 26-28

**Physical Health:** Do I have (or did you have) any of the following? Circle all that apply.

Asthma or Respiratory Diseases

Fatigue

Bad Breath

Tooth Decay

Teeth Issues

Gum Disease

Jaw Joint Pain/Discomfort or Issues

Nasal Congestion

Crowded or crooked teeth

Open bite, malocclusion (teeth not fitting together properly)

Lip Pain

Problems Swallowing

Tonsil Issues

Neck Pain/Discomfort

Inflammation

Weight Issues

Shoulder Pain/Discomfort

Upper Back Pain/Discomfort

Frequency Coughing

Low Muscle Tone

Allergies

Suppressed Immune System

Hayfever

Chronic Pain

Digestion Issues

Snoring

Sleep Apnea Cardiovascular/Heart Problems

Issues in the Endocrine System

Skin Issues

Blood Pressure Problems

Cancer

Problems with Cravings in Food or Substances

Body Temperature Issues

Inflammation

**List any other physical issues (gifts) you have:**

## Emotional Health:

Circle any emotions you feel have become a regular part of your daily emotional state and any emotions that have been a regular part of your life, generally:

Grief

Guilt

Shame

Anger

Joy

Gratitude

Confidence

Anxiety

Nervousness

Worry

Depression

Laziness

Problems Letting Go

**What are the top three moods you generally have? Are these the top three moods you'd like to regularly have? If not, what moods would you like to regularly experience?**

## Mental Health:

Circle any you that describe your daily attitude and/or general mental state:

ADHD    Mental Clarity    Creativity    Discipline    Focus    Indecision    Addictions    Sleep Issues

**List any other mental states you typically are in:**

## Energy Health

Circle any that pertain your current energy health:

Intuitive    Trusting    Lethargic    Grounded    Energized    Stuck in Old Patterns    Liberated

**List any anything else you feel would describe your energy:**

Are you a noisy eater?

How often do you tell lies/keeps secrets?

Do you feel you are living a life of truth?

Do you consider yourself a spiritual person?

Do you often get colds?

Do you have bad habit/old patterns you are stuck in?

What is your level of energy like on a daily basis? Do you often take naps, feel tired or oversleep?

Do you smoke (cigarette or other substances)?

Do you feel toxic?

Does your body feel heavy?

Do you get bad cravings for food or drugs/alcohol?

Do you have self-awareness?

Do you self-sabotage?

How is your self-esteem?

How successful are you personal relationships?

How successful are your professional relationships?

Do people typically think you look older, younger or around your age?

How is your posture?

On a scale of 1-10 what is the level of stress in your life generally?

What percentage of your daily diet is full of processed foods?

Do you talk excessively?

Do you have nasal congestion regularly or at all?

Do you have often run around/have a lot to do/would consider your life busy?

Do you hold your breath throughout your day?

How often are you aware of your breath your day?