



Hello,

Congratulations on your decision to participate in a private confidential *Integral Breath Therapy* process. Your participation in this program could very well be one of the most impactful decisions you've ever made in your life. If you commit to this process and to the integration of the materials into your personal and professional life, you will most certainly see dramatic positive changes in all areas.

The following confidential questionnaire is designed to allow me to identify key areas in your life to focus on. As you will discover, this goes into many areas of your life with the understanding that each area has an impact on your ability to live the balanced, fulfilling, healthy life that you truly want.

As with any program, the key to success starts with YOU! If you are committed to showing up authentically and fully, you will experience amazing results.

Here's to your success!

A handwritten signature in black ink, appearing to read "Jennifer Emperador". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Jennifer Emperador

"And suddenly you know...It's time to start something new and trust the magic of beginnings"

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Name (Last, First)	Telephone:
Email:	
Address:	
City/State/Zip:	Birthdate:

GENERAL HEALTH INFORMATION

Briefly describe history of health, illness and general health.

Describe any drug use, both prescription and recreational

Describe any current addictions, including food, alcohol and cigarettes

BIRTH INFORMATION

Place of birth/Number of siblings/Birth Order. What kind of facility were you born?



Planned pregnancy? Were you wanted by your mother? By your father?

What do you know about your mother's labor or delivery? Describe the circumstances around your birth (early/late, forceps, anesthesia, caesarean, breech, induced, cord around neck, etc.?)

Describe any miscarriages, abortions or fetal deaths before you.

Where was your father on the day you were born?

Were you breastfed? If not, why not?

Describe the attitude of parents, siblings, or other family members regarding your birth.



INFANCY, CHILDHOOD & FAMILY INFORMATION

Describe your parents' relationship (past & present). Any other significant care givers?

What did you not like about your mother, father, caregivers?

Briefly describe your infancy and childhood.

List age and details of childhood injuries, surgeries, illnesses, accidents and/or emotionally traumatic events.

List any recent injuries, surgeries, illnesses, accidents and/or emotionally traumatic events.



Describe current or most recent primary relationship. Married or have you been married? Children (age & gender of each)?

Discuss significant attitudes about sex. How you feel about your sexuality?

EMOTIONAL ANATOMY

Describe any current or recent emotional issues.

List forms of past or present therapy. Describe any prior emotional process work. List medications.

What is your most negative thought about yourself?

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What is your most negative thought about life?

What is your most negative thought about relationships?

What is the emotion that is easiest for you to express (anger, sadness, fear, joy)? _____

What is the emotion that is the most difficult or least often expressed? (anger, sadness, fear, joy)?

What are your major fears? How do you deal with fear?

What are your major angers? How do you deal with anger?

Briefly describe any spiritual or religious beliefs.



What would you like to accomplish with this work?

I, _____ AGREE TO

PARTICIPATE WITH JENNIFER EMPERADOR IN THE PROCESS OF INTEGRAL BREATH THERAPY.

I UNDERSTAND THE NATURE OF THIS EMOTIONAL PROCESS-ORIENTED BODY/BREATHWORK, AND I REALIZE IT IS NOT PSYCHOTHERAPY OR A SUBSTITUTE FOR PSYCHOTHERAPY. I TAKE FULL RESPONSIBILITY FOR CONSULTING WITH A MEDICAL DOCTOR OR THERAPIST REGARDING ANY CONCERNS ABOUT MY PARTICIPATION. I AGREE TO HOLD JENNIFER EMPERADOR HARMLESS FOR ANY COMPLICATIONS RESULTS FROM THIS WORK.

Client Signature

Date

Jennifer Emperador, Practitioner

Date

Disclaimer: Sol Discovery does not provide medical diagnosis, or consultations related to health, medical or psychiatric issues; nor does it serve as substitute for medical or psychological diagnosis and treatment. It is recommended you see a licensed physician or licensed healthcare professional for any physical or psychological ailments you may have.

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