

COURSE ENROLMENT

Please enroll me in the Buteyko Course commencing

/ /201_ and find enclosed a cheque for \$200 made payable to **Buteyko Health** as **deposit** or please charge the \$200 to my credit card (details below).

Or F/T to

NAB BSB 083170 Acc No. 578815185

Total Course Fee A\$750 (Paid by first session)

Credit card type: (please tick)

Visa Mastercard

Card

Exp / Amount paid \$.....

Cardholder's name.....

Cardholder's signature.....

Please email this form to firthb@gmail.com

or

post to: **Buteyko Health**
273 Riding Rd Balmoral, QLD, 4171, Australia

I understand that the Buteyko Institute Method (BIM) course is a series of lectures and practical demonstrations in breathing training and does not constitute medical treatment. I am aware that my medication should be kept handy at all times. I agree to only modify prescribed medications and treatments after consultation with a medical doctor. I agree not to attempt to teach the BIM to other individuals.

Signature: _____

Date: _____

(If under 18 years of age, this form must be signed by a parent or guardian)

PARTICIPANT DETAILS

First Name

Surname

Address

.....

Suburb Postcode

Phone (prefer Mobile)

Email.....

Male/Female Age

Occupation :.....

Medical History to Date (Major illnesses & operations)

.....

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.....

.....

Sleep Apnoea:

Have you had a sleep Study? Yes No

Approx when was the sleep study?

Are you currently using a CPAP Machine? Yes No

Do you know the pressure?

How long have you been using CPAP ?

How often do you use it ?

.....

Have you previously used a CPAP ? Yes No

If Yes, why did you stop using CPAP ?

.....

.....

Do you currently use a mandibular splint or other oral device? Yes No

What difficulties did you have with the CPAP ?

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CURRENT MEDICATION

Please tick current medications currently being taken and others not listed. (including non-respiratory medications)

Respiratory medications

	Dosage	am	pm
Pulmicort			
Qvar			
Flixotide			
Intal			
Alvesco			
Prednisolone			
Singulair			
VENTOLIN			
Bricanyl			
Asmol			
Atrovent			
Spriva			
Serevent			
Oxis			
Seretide			
Symbicort			

Nebuliser

Approximate minutes used

	Dosage	am	pm
Ventolin			
Atrovent			

Other (Please specify neatly in table below)

Oral/Tablets (List all other Medications)

	Dosage	am	pm

Do you smoke ? Yes NoNo. per day

MEDICAL BACKGROUND

Do you now or have you ever suffered from: *Please tick as appropriate.*

- Arthritis
- Asthma
- Attention Deficit Disorder
- Anxiety
- Bi Polar Disorder
- Bronchiectasis
- Chronic Fatigue Syndrome
- Cystic Fibrosis
- Diabetes Type 1 / Type 2
- Emphysema/COAD/COPD
- Epilepsy
- Excema
- Heart Condition
- High Blood Pressure
- Hypoglycemia
- Low Blood Pressure
- Kidney disease
- migraine Headaches
- Multiple Sclerosis
- Nasal Polyps
- Schizophrenia
- Sleep Apnoea
- Snoring
- Stress
- Other (Please specify).....

How do you rate the severity of your condition ?

- Moderate
- Severe
- Very Severe

Age originally diagnosed
 Regularity of your symptoms

 Known allergies to drugs

What is your most severe health problem?

Date of most recent hospitalization

Females - Are you pregnant? Yes / No

Name of Medical Practitioner (Optional)

.....

Name of Specialist (Optional)

.....

Symptoms suffered prior to starting the Buteyko Course *(Please tick.)*

- Headaches
- Dizziness
- Insomnia
- Ringing or buzzing in ears
- Loss of memory
- Mental fatigue
- Lack of concentration
- Irritability
- Fear of sultry air
- Loss of smell
- Fear without reason
- Apathy
- Coughing
- Loss of feeling in the limbs
- Impotence
- Dryness in the mouth
- Wake unrefreshed
- Allergies
- Pains in the heart region
- Asthma attacks
- Painful & irregular menstrual periods
- Itching
- Muscle pains
- Dryness of skin
- Diarrhoea
- Shortness of breath
- Breathing through mouth
- Frequent deep breaths
- Breathing without pause after exhaling
- Tightness around chest
- Short temper
- Rhinitis
- Trembling & tic

- Deterioration of hearing
- Prone to colds and/or flu
- Flashes before the eyes
- Shuddering in sleep
- Restless legs
- Cramping
- Frigidity
- Weight gains
- Weight loss
- Bleeding veins
- Sudden chilling of limbs & other parts
- Varicose veins
- Sudden physical exhaustion
- Pains in the bones
- Anemia
- Excessive mucus production
- Excessive sighing
- Excessive sneezing
- Excessive yawning
- Muscular spasms
- palpitations
- sinusitis
- Tachycardia
- Loss of consciousness
- Tingling in the hands & fingers
- Dysphagia (difficulty in swallowing)
- Constipation
- Haemorrhoids
- Frequent urination
- Abdominal bloating
- Fatigue
- Depression
- Root Canal Therapy
- Nose Bleeds
- Runny Nose
- Blocked Nose
- Hay fever
- Reflux
- Teeth Grinding
- Daytime sleepiness
- Other (Please specify).....