

COURSE ENROLMENT

Please enroll me in the Buteyko Course commencing / **2012** and find enclosed as deposit a cheque for \$100 payable to **Buteyko Health & Breathing**, or please charge \$100 deposit to my credit card (as below).

Total course fee: \$695

Card type: (please tick) **Visa** **Mastercard**

Card Number:

Valid to: / Amount paid \$.....

Cardholder's name.....

Cardholder's signature.....

Please post to: **Buteyko Health & Breathing
PO Box 2409, Fitzroy, VIC 3065**

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 or advice. 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.

I understand that unless I attend all course sessions and attempt the BIM as instructed, and have sought further instruction where needed following the course, I am not entitled to receive a refund of any money paid. I further understand that providing I have complied as above, I may claim a refund of the money I have paid within 30 days from the Buteyko course commencement date, if I have not been able to reduce my medication or experience improvement in my condition.

Signature: _____

Date: _____

(signed by parent or guardian if under 18 years)

PARTICIPANT DETAILS

First Name

Surname

Address

.....

Suburb Postcode

Telephone (Home)

Telephone (Work)

Telephone (Mob)

Email.....

Male/Female D.O.B

Occupation.....

Medical History to Date (Major illnesses & operations)

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.....

Have you had a sleep study? Yes No

Do you currently use a CPAP machine? Yes No

When did you commence CPAP therapy?

Have you previously used a CPAP? Yes No

If you answered Yes, why did you stop using CPAP?

.....

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

.....

CURRENT MEDICATION

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

Nebuliser Approximate minutes used

| | Dosage | am | pm |
|----------|--------|----|----|
| Ventolin | | | |
| Atrovent | | | |

Respiratory Medications

| | Dosage | am | pm |
|--------------|--------|----|----|
| Ventolin | | | |
| Bricanyl | | | |
| Asmol | | | |
| Airomir | | | |
| Atrovent | | | |
| Qvar | | | |
| Pulmicort | | | |
| Flixotide | | | |
| Alvesco | | | |
| Intal | | | |
| Spiriva | | | |
| Serevent | | | |
| Oxis | | | |
| Seretide | | | |
| Symbicort | | | |
| Prednisolone | | | |
| Singulair | | | |

Other (Please specify)

Other Medications

| | Dosage | am | pm |
|--|--------|----|----|
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HEALTH BACKGROUND

Do you now or have you ever suffered from:

Please tick as appropriate.

- Arthritis
- Asthma
- Attention Deficit Disorder
- Anxiety
- Bi-polar Disorder
- Bronchiectasis
- Bronchitis
- Chronic Fatigue Syndrome
- Cystic Fibrosis
- Diabetes Type 1/Type 2
- Emphysema/COAD/COPD
- Epilepsy
- Eczema
- Heart condition
- High Blood Pressure
- Hypoglycaemia
- Insomnia
- Low Blood Pressure
- Kidney disease
- Migraine headaches
- Multiple Sclerosis
- Nasal Polyps
- Schizophrenia
- Sleep Apnoea
- Snoring
- Stress
- Thyroid Disorder
- Other (Please specify).....

How do you rate the severity of your main 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 hospitalisation

Females only - 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
- Ringing or buzzing in ears
- Loss of memory
- Mental fatigue
- Restless sleep
- Irritability
- Lack of concentration
- Loss of smell
- Fear without reason
- Apathy
- Coughing
- Loss of feeling in the limbs
- Impotence
- Dryness in the mouth
- Deterioration of vision
- Far sightedness
- Allergies
- Pains in the heart region
- 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
- Chest pains (not in heart region)
- 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)
- Grinding of teeth
- Constipation
- Haemorrhoids
- Frequent urination
- Abdominal bloating
- Fatigue
- Depression
- Root canal therapy
- Nose bleeds
- Runny nose
- Blocked Nose
- Hay fever
- Conjunctivitis
- Indigestion
- Reflux
- Other (Please specify)