

COURSE ENROLMENT

Please enroll me in the Buteyko Course commencing / /2009 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: **\$595**

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

No.

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 course is a series of lectures and practical training in breathing reconditioning and does not constitute medical treatment. I am aware that my medication should be kept handy at all times. Furthermore, I the undersigned, agree to only modify prescribed medication after direct consultation with a medical doctor. I agree not to attempt to teach the Buteyko Institute Method to other individuals.

I understand that unless I attend all course sessions and attempt the Method 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 significant 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).

	Approximate minutes used	
	Dosage	am pm
Ventolin		
Atrovent		

Respiratory Medications

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

Other (Please specify)

Other Medications

	Dosage	am	pm

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
- Chronic Fatigue Syndrome
- Cystic Fibrosis
- Diabetes Type 1
- Diabetes Type 2
- Emphysema/COAD/COPD
- Epilepsy
- Eczema
- Heart condition
- High Blood Pressure
- Hypoglycaemia
- 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 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)

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Name of Specialist (optional)

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Symptoms suffered prior to starting the

Buteyko Course *(Please tick.)*

- Headaches
- Dizziness
- Insomnia
- Ringing or buzzing in ears
- Loss of memory
- Mental fatigue
- 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)
- 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)