

**COURSE ENROLMENT**

Please enroll me in the Buteyko Course commencing / **2008** 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)

.....  
.....  
.....  
.....  
.....

**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).

	Dosage	Approximate minutes used .....	
		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)

**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
- 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) .....