Learn to SleepWell

Please complete the questions below as accurately as possible so that your practitioner can assist you with your individual condition.

# ENROLMENT FORM

## Mindful Buteyko Breathing Course

| | | | | | |
|---|---|---|---|---|---|
| First name | | | | | |
| Last name | | | | | |
| Address | | | | | |
| City / suburb | | State | | Postcode | |
| Phone (mobile) | | | | | |
| Email | | | | | |
| Sex | ❑ Male ☐ Female ☐ | | | Age | |
| Occupation | | | | | |

| **Please select answer** | **Never** | **Sometimes** | **Often** | **Always** |
|---|---|---|---|---|
| Do you feel stressed, anxious regarding your condition? | ☐ | ☐ | ☐ | ☐ |
| Is your nose blocked? | ☐ | ☐ | ☐ | ☐ |
| Do you breathe through your mouth during the day? | ☐ | ☐ | ☐ | ☐ |
| Do you wake up with a dry mouth? | ☐ | ☐ | ☐ | ☐ |

Have you completed a **Sleep Study**? YES ☐ NO ☐

If yes, provide a copy of your Sleep Study.

Have you been prescribed a **CPAP machine**? YES ☐ NO ☐

Do you currently use it? YES ☐ NO ☐

Do you currently use a **Mandibular Splint** or **other oral device**? YES ☐ NO ☐

Do you **Smoke**? YES ☐ NO ☐ If yes, how many cigarettes a day? _____

How many hours a week do you partake in **physical exercise**?

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| <1 hour | 1-2 hours | 2-3 hours | 3-4 hours | 4-5 hours | 5-6 hours | 6-7 hours | > 7 hours |

# Current symptoms

Please indicate the level of severity of any of the symptoms that you experience in the list below.

**1 = Mild, 2 = Moderate, 3 = Severe**

| Complaint | ■ | # |
|---|---|---|
| Coughing | ☐ | |
| Wheezing | ☐ | |
| Chest tightness | ☐ | |
| Exercise induced asthma | ☐ | |
| Frequent colds | ☐ | |
| Breathlessness at rest | ☐ | |
| Frequent sighs | ☐ | |
| Frequent yawning | ☐ | |
| Feeling short of breath | ☐ | |
| Palpitations | ☐ | |
| Erratic / faster heart beat | ☐ | |
| Sleep apnoea | ☐ | |
| Snoring | ☐ | |
| Faster or deeper breathing | ☐ | |
| Visual disturbances | ☐ | |
| Chest wall pains | ☐ | |
| Feeling tense | ☐ | |
| Loss of Memory | ☐ | |
| Fear without reason | ☐ | |
| Dryness in mouth | ☐ | |
| Allergies | ☐ | |
| Dryness of skin | ☐ | |
| Breathing through mouth | ☐ | |
| Restless legs | ☐ | |
| Excessive mucus production | ☐ | |
| Tingling in the hands & fingers | ☐ | |
| Depression | ☐ | |
| Hay fever | ☐ | |
| Teeth grinding | ☐ | |

| Complaint | ■ | # |
|---|---|---|
| Excessive sweating | ☐ | |
| Cold hands / feet | ☐ | |
| Tummy upset / IBS | ☐ | |
| Aching muscles | ☐ | |
| Tiredness | ☐ | |
| Insomnia / broken sleep | ☐ | |
| Nightmares | ☐ | |
| Poor concentration | ☐ | |
| Racing mind | ☐ | |
| High perceived stress | ☐ | |
| Feeling of anxiety | ☐ | |
| Panic attacks | ☐ | |
| Headaches | ☐ | |
| Light headedness | ☐ | |
| Go to bathroom during night | ☐ | |
| Bloated feelings in stomach | ☐ | |
| Unable to breathe deeply | ☐ | |
| Irritability | ☐ | |
| Impotence | ☐ | |
| Wake unrefreshed | ☐ | |
| Pains in heart region | ☐ | |
| Diarrhoea | ☐ | |
| Breathing without pause after exhaling | ☐ | |
| Cramping | ☐ | |
| Excessing sneezing | ☐ | |
| Frequent urination | ☐ | |
| Runny nose | ☐ | |
| Reflux | ☐ | |
| Daytime sleepiness | ☐ | |

## Current illnesses and medication

Please list **Asthma medications** you take:

| | | | |
|---|---|---|---|
| Preventer | | Daily dose | |
| Reliever | | Daily dose | |

List any **other illness** you have:

| Illness | Medication | Daily dose |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

## For female clients

Are you currently pregnant? YES ☐ NO

## How did you hear about this course?

| | | | | | |
|---|---|---|---|---|---|
| Social media | ☐ | GP or consultant | ☐ | Health care practitioner | ☐ |
| Friend | ☐ | Internet search | ☐ | Other | ☐ |
| Newspaper | ☐ | Radio | ☐ | Specify: _____ | |

# Medical history

Do you now or have you ever suffered from any of the following and how do you rate the severity of your condition? (Please indicate as applicable)

**1 = Moderate, 2 = Severe, 3 = Very Severe**

| Condition | ■ | # |
|---|---|---|
| Arthritis | ☐ | |
| Asthma | ☐ | |
| Attention Deficit Disorder | ☐ | |
| Anxiety | ☐ | |
| Bi Polar Disorder | ☐ | |
| Bronchiectasis | ☐ | |
| Chronic Fatigue Syndrome | ☐ | |
| Cystic Fibrosis | ☐ | |
| Diabetes Type 1 / Type 2 | ☐ | |
| Emphysema/COAD/COPD | ☐ | |
| Epilepsy | ☐ | |
| Eczema | ☐ | |
| Heart Condition | ☐ | |

| Condition | ■ | # |
|---|---|---|
| High Blood Pressure | ☐ | |
| Hypoglycaemia | ☐ | |
| Low Blood Pressure | ☐ | |
| Kidney Disease | ☐ | |
| Migraine Headaches | ☐ | |
| Multiple Sclerosis | ☐ | |
| Nasal Polyps | ☐ | |
| Schizophrenia | ☐ | |
| Sleep Apnoea | ☐ | |
| Snoring | ☐ | |
| Stress | ☐ | |
| Other | ☐ | |
| Specify: | | |

**Regularity of your symptoms**:

Known **allergies to drugs**

What is your most **severe health problem?**

Date of most recent hospitalisation? _____

## DISCLAIMER

I _____ agree not to decrease or alter my medication or prescribed treatment without prior consultation and approval from a medical doctor.

1. I confirm that I have read and understand that failing to comply with the above may pose a risk to my health and that it would be against the recommendation of Paul Rodriguez.
2. I understand that the **Mindful Buteyko Breathing Course** is a series of lectures and practical demonstrations in breathing retraining and does not constitute medical treatment or medical advice.
3. I agree not to teach other persons following commencement of the **Mindful Buteyko Breathing Course.**

_____ _____

*Please sign* *Date*

## PAY NOW

Please enrol me in the **Mindful Buteyko Breathing Course** at a cost of **$725**
(including a signed copy of Breathless Sleep...*no more*)
payable to Paul Rodriguez


Please post to:

Paul Rodriguez

711- 729 Portarlington Road, Leopold. Vic. 3224

or email to: paul@learntosleepwell.com.au