

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

Client details

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 breathe through your mouth during the night?

(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 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

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		
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		

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		
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:

Other Illness	Medication	Daily dose

For female participants

Are you currently pregnant? YES NO

Medical history

Have you suffered from any of the following and how do you rate the severity of your condition?

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

Arthritis		
Asthma		
Attention Deficit Disorder		
Anxiety		
Bi Polar Disorder		
Chronic Fatigue Syndrome		
Diabetes Type 1 / Type 2		
Emphysema/COAD/COPD		
Epilepsy		
Eczema		
Fibromyalgia		
Heart Condition		

High Blood Pressure		
Hypoglycaemia		
Low Blood Pressure		
Kidney Disease		
Migraine Headaches		
Nasal Polyps		
Sleep Apnoea		
Snoring		
Stress		
Tongue Tie		
Other		
Specify:		

Date of most recent hospitalisation? _____

How did you hear about this course?

Social media GP or consultant Health care Practitioner
Friend Internet search Other please specify

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 this direction 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 advice.
3. I agree not to teach other persons following commencement of the **Mindful Buteyko Breathing Course**.

_____ Date: _____

Please sign

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:
Learn to Sleep Well
711-729 Portarlington Road, Leopold Vic 3224
or email to: paulrod60@gmail.com

