

## COURSE ENROLMENT

Please enroll me in the Buteyko Course commencing / / **25** and be advised that \$100 deposit has been paid via [www.abcsofhealth.info](http://www.abcsofhealth.info) site.

**Total course fee: \$750 must be paid before the 2-d session commences.**

(Please, use the [www.abcsofhealth.info](http://www.abcsofhealth.info) site for your payment and allow 2 business days for money transaction).

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).

**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

**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
- 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
- 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)
- 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) .....