

Asthma Fix

Applying the Buteyko Breathing Method

REGISTRATION FORM

Please fill in all the information on both pages of this form:

Name: _____

Address: _____

Telephone Bus: _____ Home: _____ Cell: _____

Email: _____

Occupation: _____

MEDICAL HISTORY

Type of condition (e.g. Asthma, Sleep Apnoea): _____

Degree of condition (e.g. Mild, Moderate, Severe): _____

Regularity of attacks or problems: _____

Age originally diagnosed: _____ Current age: _____

Medical practitioner: _____ Telephone: _____

Last time hospitalized for asthma: _____

Date you last took cortisone orally or by injection: _____
(e.g. Prednisone, Prednisolone, Methylprednisone)

Have you ever suffered from the following problems? Please check those that apply.

_____ Angina

_____ Depression

_____ Diabetes

_____ Epilepsy

_____ Fluid Retention

_____ Heart Condition

_____ High Blood Pressure

_____ High Cholesterol

_____ Hypoglycaemia

_____ Kidney Disease

_____ Low Blood Pressure

_____ Migraines

_____ Schizophrenia

_____ Thyroid, Over-active

_____ Thyroid, Under-active

_____ Other

Are you pregnant? Yes / No

What drugs are you allergic to? _____

What things besides drugs are you allergic to? _____

Please list all drugs you are currently taking, or have taken, in the past two months, whether related to breathing difficulties or not: _____

I understand that the Buteyko Breathing Reconditioning Programme is a series of lectures and training. It does not constitute medical treatment. Further more, I, the undersigned, agree to only modify prescribed medication after consultation with a medical doctor.

I also agree that as I am not a trained Buteyko Practitioner, I will not attempt to teach other people the Buteyko Breathing Method.

Name: _____ Date: _____

Signed: _____

NOTE: If patient is under 18, a parent or guardian must sign this form.

Course fees are due at your first class – only cash or cheque, please.

SPECIAL REMINDERS:

*Only a very light snack or no food at all is to be consumed for **TWO HOURS** prior to your workshop.*

*Caffeine should **NOT** be consumed for two hours prior to class.*

*Wear clothing that **DOESN'T** restrict movement. You may wish to have a light sweater with you in case the room is cool.*

*Please **DO NOT** wear fragrances (perfumes, lotions, etc.) to class.*

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