

Dr. Julie Glass
Naturopathic Doctor
Health From The Heart, LLC
10011 SE Division Street, #314
Portland, Oregon 97266
(503)522-6356
www.healthfromtheheart.com



Buteyko Breathing Method Registration Form

General Information

Patient's Full Name _____ Sex M F
Address _____ Postal / Zip Code _____
Telephone Work _____ Home/Cell _____
Email _____
Occupation _____
Birth Date _____ Age _____
Medical Practitioner's Name _____ Phone _____
How did you hear about the Buteyko course"? internet; friend; health care provider; ad; other [please specify] _____

Medical History

Circle the correct answer.
Your primary reason for taking Buteyko is: asthma, allergies, sleep apnea, fatigue, anxiety or other _____
The degree of severity of your symptoms is mild, moderate, or severe (circle).
Age diagnosed: _____
If you have asthma circle the symptoms you are experience: coughing; wheezing; breathlessness; chest tightness; frequent colds; other _____
What triggers your asthma symptoms (circle): exercise; cold weather; pollen; dust mites; animal dander; cold/chest infections; weather, airborne irritants; food [please specify] _____
Have you ever been hospitalized for this condition? Yes No
Most recent date hospitalized _____ Due to: _____
Most recent date you took cortisone/prednisone: _____
List any allergies: _____

Name: _____

Hyperventilation

Select the answer that best describes the frequency of the symptom:

	Symptom	Never	Seldom	Some- times	Often	Very Often
Respiration	Fast breathing					
	Deep breathing					
	Difficulty in breathing or taking a deep breath					
	Lack of air sensation					
	Tightness across chest, not heart related					
	Dry mouth					
	Sighing					
	Yawning when not tired					
	Mouth breather					
Circulation	Hypertension					
	Fast heartbeat					
	Headaches					
	Tingling in fingers and hands					
	Stiffness or cramps in fingers and hands					
	Cold hands or feet					
Nervous System	Fatigue					
	Confusion or loss of touch with reality					
	Anxiety					
	Depression					
	Overactive nerves, feeling tense					
	Irritable or short tempered					
	Dizzy, light headed					
	Poor concentration, mental fatigue					
Sleep	Insomnia					
	Night sweats					
	Nightmares or talking in sleep					
	Wake up tired					
	Snoring					
	Sleep apnea					
	Excessive mucus on waking					
Allergies	Asthma					
	Allergies, rhinitis, hay fever					
	Nose that blocks regularly					
	Itchy skin					
Stress	Loss of libido					
	Tightness around the mouth					
	Bloated abdomen, gas, or belching					
	STRESS					
	TOTAL					

List all medications you are currently taking or have taken, in the past two months and dosage:

Medications (please print)	Dosage	How Often?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list vitamins and other supplements that you are taking:

Supplement (please print)	Dosage	How Often?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you pregnant? Yes No

Have you/do you smoke? Yes No

How much caffeine do you drink? _____

How many hours a week do you exercise? Less than 1 hr; 1-3 hrs; 3-6 hrs; more than 6 hours

For Sleep Apnea:

Have you had a sleep study? Yes No When was the sleep study? _____

How many episodes per hour? _____ Do you have a copy of your sleep study? Yes No

Are you using a C-PAP? Yes No

If you are using a CPAP, when did you begin its use? _____

Have you ever suffered from the following problems? (Please circle)

- | | | |
|---|-----------------|-------------|
| Heart disease | Hypothyroidism | Epilepsy |
| Angina | Hyperthyroidism | Migraines |
| Low blood pressure | Diabetes | Depression |
| High blood pressure | Panic attacks | Sleep Apnea |
| High cholesterol | Chronic Fatigue | Asthma |
| Kidney disease | Hypoglycemia | Edema |
| Menstrual problems [please specify] _____ | | |

Other Health Issues:

The Buteyko Breathing Method course includes 5 sessions, a manual and materials, plus a follow up class or telephone call. Refresher classes are free for those who have participated in a Buteyko course. The class fee is \$350, and a non-refundable deposit of \$100 is required to hold a space for you in the class. The remainder of the course fee is due upon the first day of class.

By signing below I acknowledge that I intend to take Dr. Glass' Buteyko Breathing Method class, and I agree only to modify prescribed medication/s after consultation with my medical doctor.

I realize that even after completion of this class I am not a trained Buteyko Educator, and therefore I will not attempt to teach other people any aspect of the Buteyko Breathing Method without first speaking with Dr. Glass.

I have read this form and I understand the conditions. The information given by me is accurate.

Payment

I am interested in attending a Buteyko course and want to secure my place with a deposit of \$100.00.

Name: _____

Signature of client: _____

Date: _____

Name and Signature of parent if client is under 18:

Special reminder: ONLY A VERY LIGHT SNACK OR NO FOOD AT ALL IS TO BE CONSUMED TWO HOURS PRIOR TO WORKSHOP.