www.ButeykoKent.co.uk

Michael Lingard St Bridgets Rye Road Hawkhurst Kent TN18 5DA

REGISTRATION FORM

Please fill in all the information on each of the following pages and return the form to me at the above address before the start of your course.

NAME Mr/Mrs/Ms/Miss _____

ADDRESS _____

_____

Telephone Daytime/Work _____ Home _____

E-Mail:_____Occupation _____

MEDICAL HISTORY

Type of illness (eg. Asthma, emphysema) _____

Degree (eg mild) _____

Regularity of attacks or problems _____

Age originally diagnosed _____ Current age _____

Medical practitioner _____ Telephone number _____

Last time hospitalised for asthma/your condition _____

Date you last took cortisone orally or by injection _____

(eg Prednisone, Prednisolone, Methylprednisolone) Are you on oxygen? _____

HAVE YOU EVER SUFFERED FROM THE FOLLOWING PROBLEMS?

Heart problems _____ High blood pressure _____
Low blood pressure _____ Epilepsy _____
Diabetes _____ Schizophrenia _____
Kidney disease _____ Depression _____
Underactive thyroid _____ Overactive thyroid _____
Migraines _____ Hypoglycaemia _____
High cholesterol _____ Fluid retension _____
Angina _____ Panic attacts _____
Stroke _____ Brain damage/Trauma _____
Organ transplant _____
Are you pregnant or currently trying to become pregnant? _____
What drugs are you allergic to? _____
What else besides drugs are you allergic to? _____

_____

Telephone: 01580 752 852 E-mail: mlingard@buteykokent.co.uk

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

RELIEVER MEDICATION

unit dosage **(number of puffs / nebules)**

am **pm**

Short Acting Relievers

Aerolin _____
Aeromir _____
Alupent _____
Asmasal _____
Atrovent _____
Bambec _____
Bricanyl _____
Combivent _____
Oxivent _____
Salamol Easibreathe _____
Salbulin _____
Salbutamol _____
Ventmax _____
Ventodiscs _____
Ventolin _____
Other _____

Long Acting Relievers

Foradil _____
Oxis _____
Serevent _____
Spiriva _____
Other _____

Long Acting Reliever Tablets

Franol _____
Nuelin _____
Phylloncontin continus _____
Slo-phyllinTheo _____
Theo-dur _____
Uniphyllin continus _____
Volmax _____
Other _____

Nebulised Relievers

Atrovent _____
Bricanyl _____
Combivent _____
Ipratropium steri neb _____
Respontin _____
Salamol _____
Ventolin _____
Other _____

PREVENTER MEDICATION

Inhaled Steroids **unit dosage** **(number of puffs/nebules)**

	am	pm
Aerobec autoinhaler		
Asmabec clickhaler		
Asmabec Twisthaler		
Bedazone		
Bedoforte		
Becodisk		
Becotide		
Filair		
Flixotide		
Pulmicort		
Pulvinal Bedometasone		
Qvar		
Other		

Non-steroidal anti-inflamatory drugs

Accolate		
Aerocrom		
Cromogen easi-breathe		
Intal		
Singulair		
Tilade		
Zaditen		
Other		

Combination Drugs- Reliever and Steroid

Seretide		
Symbicort		
Other		

Oral Steroids (is this a daily dose, or a short course. give start/ finish dates)

Prednisolone.....mg.....

.....

.....

Other medication you take (please state what condition it is taken for)

.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

Symptoms suffered prior to commencing the course (Please tick appropriate box)

A)Rarely/Never B)Sometimes C)Often D)Very Often

	A	B	C	D		A	B	C	D		A	B	C	D
Shortness of Breath	☐	☐	☐	☐	Breathing through Mouth	☐	☐	☐	☐	Tightness of chest	☐	☐	☐	☐
Frequent deep breath	☐	☐	☐	☐	Breathing without pause	☐	☐	☐	☐	Headaches	☐	☐	☐	☐
Dizziness	☐	☐	☐	☐	Loss of memory	☐	☐	☐	☐	Insomnia	☐	☐	☐	☐
Mental fatigue	☐	☐	☐	☐	Lack of concentration	☐	☐	☐	☐	Short temper	☐	☐	☐	☐
Irritability	☐	☐	☐	☐	Ringing/buzzing in ear	☐	☐	☐	☐	Apathy	☐	☐	☐	☐
Fear without reason	☐	☐	☐	☐	Trembling and tics	☐	☐	☐	☐	Fear of sultry air	☐	☐	☐	☐
Coughing	☐	☐	☐	☐	Loss of feeling in limbs	☐	☐	☐	☐	Loss of smell	☐	☐	☐	☐
Far sightedness	☐	☐	☐	☐	Dryness in mouth	☐	☐	☐	☐	Allergies	☐	☐	☐	☐
Asthma attacks	☐	☐	☐	☐	Deterioration of vision	☐	☐	☐	☐	Itching	☐	☐	☐	☐
Dry skin/eczema	☐	☐	☐	☐	Pains in heart region	☐	☐	☐	☐	Musde pain	☐	☐	☐	☐
Rhinitis	☐	☐	☐	☐	Painful/irregular periods	☐	☐	☐	☐	Loss of hearing	☐	☐	☐	☐
Rashes before eyes	☐	☐	☐	☐	Prone to colds/flu etc	☐	☐	☐	☐	Snoring	☐	☐	☐	☐
Bleeding veins	☐	☐	☐	☐	Shuddering in sleep	☐	☐	☐	☐	Weight Loss	☐	☐	☐	☐
Weight gain	☐	☐	☐	☐	Chest pains (not heart)	☐	☐	☐	☐	Varicose veins	☐	☐	☐	☐
Physical exhaustion	☐	☐	☐	☐	Sudden chilling of limbs	☐	☐	☐	☐	Pains in bones	☐	☐	☐	☐
Anaemia	☐	☐	☐	☐	Diarrhoea	☐	☐	☐	☐					
Any other symptoms (Please state)						☐	☐	☐	☐					

I understand that the Butetko Breathing Reconditioning Programme is a series of lectures and training. It does not constitute medical treatment. Furthermore I the undersigned, agree to only modify prescribed medication after consulting with a medical doctor.
I also agree that, as I am not a trained Buteyko Practitioner, I will not attempt to teach other people without written permission of my Buteyko trainer.

Name.....Date.....

Signed.....

If the course participant is under 18 this must be signed by a parent or guardian.
A parent or guardian must accompany under 18's at all times on the course.

Fees Based on five modular sessions of 90 minutes

Adult.....£60 per module session
Full course.....£300 (10% reduction, £270 if paid at the start of the course)

Child.Student.....£45 per module session
Full Course.....£225 (10% reduction, £200 if paid at the start of the course)

Family.....£100 per extra family member (Phone to check total price)

Payment

1) To secure my place on the course I endose a deposit of £60 in payment for part one of the course.

2) I would like to take advantage of the 10% discount and will pay the balance of £.....by:cheque, cash or credit/debit card at the start of the course.

3) I would prefer to "pay as I train" with payments for each module as and when I attend them.

Name.....Date.....
.

Signature.....

Special reminder

Please do not eat a large meal just before you come to the classes, although eating a snack, if you want, is fine.

I wish to attend a course held on .....(Date)

At.....(State venue/town)

At.....(time)