Pippa Kiraly
LIFELONG EASY BREATHING
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REGISTRATION FORM

PLEASE FILL IN ALL THE INFORMATION ON EACH OF THE THREE PAGES:

Name: ____

Address: ____

____

Telephone: work ______________ home __________________cell________________

Email: ______________________________

Occupation:__________________________

Previous Occupation:__________________________

Course date:______________________

Next of Kin: __________________________Relationship______________

Telephone____________________

MEDICAL HISTORY

Type of Illness: (e.g. Asthma)____
Degree: (e.g. Mild) ____
Regularity of attacks or problems: ____
Age originally diagnosed: __________ Current age: ____________________
Medical practitioner: _______________________ Telephone: ___________
Address____
Last time hospitalized for breathing problem: ___________For another condition:___________
Date you last took cortisone orally or by injection_____________________________
(eg Prednisone, Prednisolone, Methylprednisone):_____________________________

Have you ever suffered from the following problems?:

Heart Condition	______	High Blood Pressure	______
Low Blood Pressure	______	Epilepsy	______
Diabetes	______	Schizophrenia	______
Kidney Disease	______	Depression	______
Under active Thyroid	______	High Cholesterol	______
Over active Thyroid	______	Migraines	______
Angina	______	Fluid Retention	______
Hypoglycaemia	______	Other	______________

What drugs are you allergic to?: ____

____

What other things besides drugs are you allergic to?: ______________________________

____

SYMPTOMS SUFFERED PRIOR TO COMMENCING COURSE

Please place check in space provided

( ) shortness of breath
( ) tightness around chest
( ) headaches
( ) dizziness
( ) loss of memory
( ) lack of concentration
( ) irritability
( ) ringing/buzzing in ear
( ) fear of sultry air
( ) coughing
( ) impotence
( ) far sightedness
( ) allergies
( ) asthma attacks
( ) itching
( ) dryness of skin
( ) loss of hearing
( ) flashes before eye
( ) snoring
( ) weight loss
( ) weight gain
( ) varicose veins
( ) pains in the bones
( ) diarrhea
( ) bleeding veins
( ) breathing through mouth
( ) frequent deep breaths
( ) breathing without pause
( ) insomnia
( ) mental fatigue
( ) short temper
( ) apathy
( ) fear without reason
( ) trembling and tic
( ) loss of feeling in limbs
( ) dryness in mouth
( ) deterioration of vision
( ) pains in heart region
( ) painful/irregular periods
( ) muscle pains
( ) rhinitis
( ) prone to colds/flu etc
( ) shuddering in sleep
( ) loss of libido
( ) chest pains (not heart)
( ) sudden chilling of limbs
( ) physical exhaustion
( ) anemia
( ) loss of smell
( ) frequent sighing
( ) any symptoms not listed

Please list other symptoms:____

____

____

____

What kind of physical exercise do you take?:______________________________

____

How often? :____

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

Medication (please print)	Dosage: am. pm.	What do you take this for?

Vitamins and supplements you take, how often, and for what condition: **Please write clearly**

____________________ ____

____________________ ____

____________________ ____

__________________ ______________________________________

__________________ _____________________________________

I understand that the Buteyko Method Breath Reconditioning Program is a series of lectures and training. It does not constitute medical treatment. Further more, I, the undersigned, agree only to 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 without the written permission of Pippa Kiraly or another certified practitioner**.**

Name: ____
Date ____________________

Signed: ____

If student is under 18 this form must be signed by a parent of guardian, and those under 16 must be accompanied to class by a parent or responsible adult.

I enclose a check made out to Pippa Kiraly, Lifelong Easy Breathing, for ______
Mail this form with the check to the address at the top of the first page.