

AsthmaCare Program
Buteyko Clinic USA, LLC

Workshop Date

Web www.asthmacare.us
E-Mail info@asthmacare.us

Workshop location

Registration Form

The purpose of this form is to assist AsthmaCare practitioner to provide you with more individual program for your specific needs. We would like to remind you that any information released to AsthmaCare program (Buteyko Clinic USA, LLC) is never sold or shared without your consent. Full Privacy Policy is available at www.asthmacare.us.

Please, print or write legibly.

Patient's Full Name _____ **Sex** **M** **F**

If patient is a minor,
1st attending Parent/Guardian Name _____

2nd attending Parent/Guardian Name _____

Age _____ **Occupation** _____

Contact (please, provide at least one)

Phone (H) _____ Med practitioner's name _____

Phone (W) _____ Med practitioner's phone _____

Phone (M) _____ Name/location of the clinic _____

E-Mail _____

How did you hear about AsthmaCare?

Internet search Books (specify) _____

Friend / "word of mouth" Media (specify) _____

Health Care provider Advertisement (specify) _____

Primary reason for attending Asthma Other (specify) _____

Approximately, for how long you are having this condition? _____

Have you ever had the following

- | | |
|--|---|
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Low blood pressure | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Blood clots (thrombosis) |
| <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Hypoglycemia |
| <input type="checkbox"/> Sickle cell anemia | <input type="checkbox"/> Over Active Thyroid |
| <input type="checkbox"/> Brain tumour | <input type="checkbox"/> Arterial aneurysm |

List any other illnesses you have _____

List medications you are currently taking for these illnesses

Do you experience any of the following

- | | |
|--|--|
| <input type="checkbox"/> Breathlessness at rest | <input type="checkbox"/> Frequent colds /viral infections |
| <input type="checkbox"/> Heart region chest pain | <input type="checkbox"/> Rhinitis, blocked nose |
| <input type="checkbox"/> Irregular heartbeat, palpitations | <input type="checkbox"/> Tingling, numbing of the limbs |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Muscle pain |
| <input type="checkbox"/> Frequent headaches | <input type="checkbox"/> Dry mouth |
| <input type="checkbox"/> Digestive problems | <input type="checkbox"/> PMS / Irregular periods |
| <input type="checkbox"/> Irritability, mood swings | <input type="checkbox"/> Frequent yawning, sighing,
taking deep breaths |
| <input type="checkbox"/> Panic attacks | <input type="checkbox"/> Need to breathe through the mouth |
| <input type="checkbox"/> Food allergies | <input type="checkbox"/> Skin allergies, rashes |
| <input type="checkbox"/> Respiratory allergies | <input type="checkbox"/> Weight gain |
| <input type="checkbox"/> Insomnia | <input type="checkbox"/> Poor concentration, mental fatigue |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> ADD / ADHD |
| <input type="checkbox"/> Vision deterioration | <input type="checkbox"/> Sleep apnea |
| <input type="checkbox"/> Snoring | |

If female, are you currently pregnant? Y / N

Do you smoke? Y / N **How many hours a week do you exercise?**

- | | |
|---|---|
| <input type="checkbox"/> Less than 1 hour | <input type="checkbox"/> 5-7 hours |
| <input type="checkbox"/> 1-3 hours | <input type="checkbox"/> 7 or more hours |
| <input type="checkbox"/> 3-5 hours | <input type="checkbox"/> regularly involved in athletics / sports |

If **Asthma** is your primary reason for attending, please fill out this page

Approximate age of asthma diagnosis _____

What best describes your asthma

- Mild, exercise induced
- Mild, allergic
- Mild, continuous
- Moderate continuous
- Severe continuous

Asthma symptoms you are having

- Coughing
- Wheezing
- Breathlessness
- Chest tightness
- Frequent cold/chest infections

Number of hospitalizations during past 3 years _____

What triggers your asthma symptoms

- Exercise
- Cold weather
- Pollen
- Dust mites
- Animal dander
- Dairy food intake
- Cold/Chest infections
- Weather
- Airborne irritants (chemicals, pollutants, smoke etc...)

Do you symptoms get worse after

- Sleeping
- Big meals
- Laughing
- Excessive talking
- Stress

Please, circle asthma medication(s) and indicate dose you are currently taking on the next **Commonly used US ASTHMA MEDICATIONS** sheet.

If you don't see your medication(s) / brands there, please list it here

Commonly used US ASTHMA MEDICATIONS

Brand	Generic name	Inhaler's Color	Dose
-------	--------------	-----------------	------

RELIEVERS (short acting bronchodialators)

Proventil, Ventolin	Albuterol (Salbutamol)	Yellow, grey blue	
Xopenex	Levalbuterol	Blue (purple blue)	

Long acting bronchodialators

Foradil	Formoterol	blue	
Serevent	Salmeterol 50mcg	green	

PREVENTERS (Inhaled steroids)

Asmanex 110 mcg 220 mcg	Mometasone	pink	
Flovent 44mcg 110mcg 220mcg Discus 50mcg 100mcg 250mcg	Fluticasone	orange	
Pulmicort Flexhaler 90mcg 180mcg TURBUHALER 200 mcg	Budesonide	orange	

PREVENTERS (Combination)

Advair 100/50 250/50 500/50	Fluticasone/ Salmeterol	purple	
Symbicort 80/4.5 160/4.5	Budesonide/ Formoterol	red	

Leukotriene inhibitors (tablets)

Singulair	Montelukast		
-----------	-------------	--	--

MAST CELL STABILIZERS

Intal	Cromolyn sodium		
-------	-----------------	--	--

ORAL STEROIDS

Prednisone	Prednisone		
Prednisolone	prednisolone		
Medrol Tablets	methylprednisone		

Ig-E blockers

Xolair injections	Omalizumab		
-------------------	------------	--	--

RELEASE OF CLAIMS
BUTEYKO CLINIC USA, LLC

The course offered by Buteyko Clinic USA, LLC teaches the Buteyko Breathing Method through a program of lectures and training sessions. No part of this course constitutes medical treatment. Do not modify your current medical treatment or course of prescribed medications in any manner, or undertake this course with Buteyko Clinic USA, LLC before consulting with your health care provider.

Acknowledgements and Representations.

1. I understand and acknowledge that the instructor teaching this course is teaching a particular method, and is not in any way diagnosing or treating any known condition that I may have.
2. I understand and acknowledge that the instructor teaching this course is not a medical practitioner or knowledgeable in prescribing medication.
3. I understand and acknowledge that this course is not medical treatment, nor is it a substitute for medical treatment or advice.
4. I understand and acknowledge that I should consult my health care provider before undertaking this course or practicing any part of the Buteyko Breathing Method.
5. I understand and acknowledge that I should consult my health care provider before modifying any current medical treatment or course of medication that may be prescribed to me before I undertake this course. If I modify my medication or treatment in any manner during or after this course without first consulting my health care provider I take full responsibility for that decision.
6. If, at any time during this course, I have any concerns about my health or well being, I agree to notify my course instructor immediately. I understand that I am free to leave the course at any time for any reason. If, during this course, or at any time after this course, I feel the need for any assistance, medical or otherwise, I take full responsibility for communicating this, as well as for seeking appropriate care, including leaving this course and obtaining such appropriate care.
7. I understand and acknowledge that Buteyko Clinic USA, LLC makes no guarantees or warranties as to any results of this course that I may experience.

Release

In partial consideration for the knowledge provided by Buteyko Clinic USA, LLC in its course, I hereby voluntarily agree to release Buteyko Clinic USA, LLC and all instructors teaching the course offered by Buteyko Clinic USA, LLC from any and all claims that might arise by reason of illness, injury, or death resulting from my participation in the course offered by Buteyko Clinic USA, LLC so long as such illness, injury, or death is not caused by an intentional, willful, or wanton act. I assume full responsibility for the risk of illness, injury or death and hold Buteyko Clinic USA, LLC and all of its instructions harmless from any liability thereof. Moreover, if I have requested or registered my minor child to participate in any courses, then the provisions of this Release shall apply with equal force to such child.

Dispute Resolution

If I should have any claims against Buteyko Clinic USA, LLC in connection with the terms of this Release or otherwise, then I agree that Minnesota law shall govern and that the District Court for Hennepin County, Minnesota, shall have jurisdiction of the parties and the controversy. I also agree, should Buteyko Clinic USA, LLC so submit, to the submission of any such claims to binding arbitration in Hennepin County, Minnesota, under the rules of the American Arbitration Association, and agree that the award of the arbitrator in such case shall be binding any may be enforced by any court. Similarly, I agree that any claim I file in a court of law may be removed by Buteyko Clinic USA, LLC to arbitration and I shall not contest such removal.

<signed> Date: _____

<print name>

<A parent or guardian's signature is required below for participants under 18.>

<signed> Date: _____

<print name>