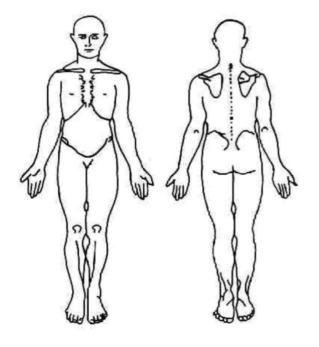
Address:	Zephyr MOVEMENT
	VD M
Phone:	- 1/2

Please draw on the body chart below any areas of discomfort or pain:



Please provide a brief history of the symptoms recorded on the body chart.

## **Medical History:**

Do you have or have you ever suffered with: (please circle)

- Anaemia
- Allergies
- Asthma
- Cancer
- Diabetes
- Irritable Bowel Syndrome
- Heart Condition
- Kidney disorder
- Thyroid
- Lung conditions
- Epilepsy
- Arthritis

## **Current Medications:**

- Antibiotics:
- Anti-depressants:
- Relaxants/Sleeping Pills:
- Heart Medication:
- Blood Pressure Medication:
- Diabetic Medication:
- Asthma/COPD meds:
- Other (please specify):

**Tessa Gillespie** MPhty BExSc DipClinHypn Director, Zephyr Movement P: 0408701088 E: tessa@zephyrmovement.com

## Full Name:

Date of most recent hospitalisation
Reason for hospitalisation
What is your most challenging health problem:
Smokers: How many cigarettes do you smoke per day?
Females: Are you pregnant? Y/N How far along are you?
How many times have you used antibiotics in last 2 years?
Have you had a sleep study? Y/N When?
<ul> <li>Have you ever been recommended or tried? (Please circle)</li> <li>CPAP machine</li> <li>Dental Splint</li> <li>Surgery to Palate/Uvula</li> <li>Nasal/Sinus surgery</li> </ul>
Are you currently using any of the above. Please include when you ceased and why?
On average how many hours sleep would you get per night?

Full Name: Address:

Email:

DOB: Phone:

Occupation:

**INSTRUCTIONS:** The symptoms listed below have been associated with incorrect breathing.

**Please circle or highlight** each individual symptom that you experience at least once a week, or which are significant at certain times of the year. It is not uncommon to have 15 or more different symptoms.

Upper chest breathing Fast or heavy breathing

Blocked nose Anxiety, Tension, Apprehension Panic attacks

Post nasal drip Depression

Asthma Fear without reason

Chest tightness Confusion
Wheezing Fear of sultry air
Short of breath at rest Feelings of unreality

Short of breath on exertion Sense of "losing the mind"

Prone to Colds

Mucous congestion

Light-headed or dizzy

Loss of sense of smell

Unsteadiness or fainting

Lung congestion or Bronchitis

Hay fever Headache
Sinusitis Numbness or tingling hands, feet, limbs, face

Sneezing Muscle spasms
Yawning or Sighing Muscle pains
Throat Clearing Muscle weakness
Coughing Tremors and twitching
Runny nose (number of tissues used/day ( ) Pains in bones or joints

Runny nose (number of tissues used/day ( ) Pains in bones or joint:
Mouth- breathing in day Exercise intolerant

Mouth- breathing in sleep

others Nasal/sinus congestion on waking

Grinding Teeth Insomnia

Audible breathing during sleep Frightening/intense dreams

Snoring Restless Legs
Number of wakings per night (Food allergies
Number of toilet visits per night (Pollen, dust allergies
Wake self with gasp/snort/chokeChemical sensitivities
-Times/night/week (Pollen, dust allergies
-Times/night/week (Pollen, dust allergies
-Times/night/week (Pollen, dust allergies
-Times/night/week (Pollen, dust allergies

Sleep apnoea (breathing stoppages) noticed by Frequent or urgent urination

Dry mouth Excessive sweating Clamminess

Abdominal bloating Belching, Flatulence Generalised weakness or "weak at the knees,"

Heartburn Waking up tired

Difficulty swallowing
Irritable bowel
Cold hands or feet
Waking with a headache
Sleepiness during the day
Wanting a day nap

Poor concentration/memory Falling asleep sitting, reading, watching TV, driving

Irregular, pounding, or racing heart Easily tired

Chest pains that are not heart related Chronic exhaustion

Tessa Gillespie MPhty BExSc DipClinHypn
Director, Zephyr Movement

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Full Name:

## **INSTRUCTIONS: COMPLETE SHADED AREA ONLY**

Please transfer ALL the symptoms you circled on Page 3 to the "Symptoms" column below.

In "Assessment 1" column, (today's date) - rate each of your symptoms as to how they are currently, before you commence breathing training. We can then track and assess your progress.

RATE your symptoms - Score their intensity or incidence:

1 tick = intermittent symptoms, not every day. 2 ticks = symptoms present part of most days or nights. 3 ticks = symptoms virtually all of each day or night. 4 ticks = symptom present all day or night and severe. Complete assessments 2, 3 and 4 after breathing training. Leave box empty if you no longer have the symptom.

Symptoms	Assessment 1 Date:	Assessment 2 Date:	Assessment 3 Date:	Assessment 4 Date:	Assessment 5 Date: