

TELL US MORE ABOUT YOURSELF.

Name: _____ Sex ____ Age ____ Email: _____ Tel: _____

Address: _____ City _____ State ____ Zip _____

Tell us about your breathing. Not including during exercise, is breathing ever a challenge, or an issue, for you?

Medical conditions, e.g., cardiovascular, diabetes?

Respiratory disorders, e.g., asthma, COPD?

Injuries, past and present, e.g., chest, back, neck?

Physical complaints. e.g., headache, hypertension, stress symptoms?

Emotional challenges, e.g., panic, anxiety, anger?

Pregnancy experiences, current or previous?

Current prescriptions, e.g., depression, anxiety, hypertension?

Life traumas, e.g., emotional abuse, PTSD, chronic stress?

Pain issues, past or present, acute or chronic?

Physical limitations, e.g., fatigue, speech, movement?

Allergies and sensitivities, e.g., food, environment?

Deficiencies, e.g., electrolytes (kidney dysfunction)?

Relationship difficulties, or social challenges, e.g., significant other, "children," employment?

Work related challenges, e.g., environment, unreasonable demands, co-workers, superiors?

Learning issues, e.g., attention deficit, memory, focus?

Performance issues, e.g., public speaking, testing, performing arts, operating technology?

Are you seeing a healthcare practitioner? If so, what kind of practitioner(s), e.g. physician?

Other Comments _____
