

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? _____

Have you ever been recommended or tried? (Please circle)

- CPAP machine
- Dental Splint
- Surgery to Palate/Uvula
- Nasal/Sinus surgery

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

Post nasal drip

Asthma

Chest tightness

Wheezing

Short of breath at rest

Short of breath on exertion

Prone to Colds

Mucous congestion

Loss of sense of smell

Lung congestion or Bronchitis

Hay fever

Sinusitis

Sneezing

Yawning or Sighing

Throat Clearing

Coughing

Runny nose (number of tissues used/day ()

Mouth- breathing in day

Mouth- breathing in sleep

Grinding Teeth

Audible breathing during sleep

Snoring

Number of wakings per night (

Number of toilet visits per night (

Wake self with gasp/snort/choke

-Times/night/week ()

Sleep apnoea (breathing stoppages) noticed by

others Nasal/sinus congestion on waking

Dry mouth

Abdominal bloating Belching, Flatulence

Heartburn

Difficulty swallowing

Irritable bowel

Cold hands or feet

Poor concentration/memory

Irregular, pounding, or racing heart

Chest pains that are not heart related

Anxiety, Tension, Apprehension Panic attacks

Depression

Fear without reason

Confusion

Fear of sultry air

Feelings of unreality

Sense of "losing the mind"

Spaced out feeling

Light-headed or dizzy

Unsteadiness or fainting

Headache

Numbness or tingling hands, feet, limbs, face

Muscle spasms

Muscle pains

Muscle weakness

Tremors and twitching

Pains in bones or joints

Exercise intolerant

Insomnia

Frightening/intense dreams

Restless Legs

Food allergies

Pollen, dust allergies

Chemical sensitivities

Increased thirst

Frequent or urgent urination

Excessive sweating

Clamminess

Generalised weakness or "weak at the knees,"

Waking up tired

Waking with a headache

Sleepiness during the day

Wanting a day nap

Falling asleep sitting, reading, watching TV, driving

Easily tired

Chronic exhaustion

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