

AsthmaCare UK

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www.asthmacareuk.aol.com

Course Enrolment 2011/12

Today's Date:

Please enrol me on an AsthmaCare UK Workshop at

Venue.....

on (date)

OR

Please enrol me on a one2one Skype course

starting (as agreed with the BBC)

COURSE PARTICIPANT(S) First Name, Surname:

.....

My address.....

Town Postcode

Tel: Home Work

My Email address.....

My Skype address.....

CURRENT MEDICATION

Inhalers/Turbohalers	Dosage
Ventolin / Salbutamol	
Bricanyl	
Budesonide	
Becotide	
Becloforte	
Pulmicort	
Flixotide	
Clenil	
QVar	
Serevent	
Atrovent	
Duovent / Combivent	
Seretide	
Symbicort	
Spiriva	

Buteyko – to be less breathless....

BREATHE LESS

.....Get SIDE-BENEFITS rather than side-effects

Oral/Tablets	Dosage
Prednisolone	
Cortisone	
Accolate	
Singulair	

Please Complete

Do you use a Nebulizer regularly at home? If yes, how often?

Do you have a spacer to take any medication? If yes, what type?

Other (Please specify)

Please list medication currently taken for OTHER conditions

What is your most severe health problem?

I understand that this AsthmaCare UK course is a series of lectures and practical training in breathing reconditioning and does not constitute medical treatment.

I agree not to attempt to teach the Buteyko method to other individuals until I have undertaken professional training in the Method. As an asthmatic, I am aware that my reliever medication should be kept handy at all times.

I the undersigned, and agree only to modify my prescribed medication after direct consultation with a medical doctor.

I agree to pay the fee which applies to me, as stated below, (by PayPal, Cheque or Cash) before the first telephone session of my Workshop.

Signature.....
 (If the Course Participant is under 18 years of age this form must be signed by a parent or guardian – please per pro)

Your Investment in your health:

(Please tick)

CONSULTATIONS

1.5 hour (Skype or face-to-face) £ 75

WORKSHOPS

Please tick

Adult / Child £290

One-to-one (Skype) £490

(Consists of 4 1.5 hour individual Sessions, and includes 6 months Free follow-up)

METHOD OF PAYMENT (Please tick)

Cash PayPal Cheque
 (If paying by cheque, please make payable to Linda Meads)

