Shirley Gutkowski, RDH, BSDH

Primary OMT Practitioner and
Breathing Re-training Instructor
1266 W. Main Street
Sun Prairie, WI 53590

608 318 2800

Name				
Date of Birth				
Guardian				
Address				
Email				
Phone			Home	
Referred by				
Insurance Carrier		Member ID	Group #	Office Only
Patient SS number				
Insurance garniture SS				

Authorization for Release of Information:

This authorization or photocopy hereof, will authorize Shirley Gutkowski to obtain and furnish pertinent information regarding the condition of _____ while under her observation or treatment.
This information may be obtained from and/or released to:

Dentist_____Address_____email_____

Orthodontist_____Address_____email_____

Chiropractor_____Address_____email_____

Physical Therapist _____ Address_____ email_____

Signature_____Date_____

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PrimalAirOMT@gmail.com www.primalair.com
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Client'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)_____ Phone (W)_____
Phone (M)_____
E-Mail _____ _____
Med practitioner's name _____
Med practitioner's phone _____
Name/location of the clinic _____

How did you hear about Primal Air?
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:

Heart disease	☐	Blood clots (thrombosis)	☐
Epilepsy	☐	Kidney disease	☐
High blood pressure	☐	Hypoglycemia	☐
Schizophrenia	☐	Sickle cell anemia	☐
Low blood pressure	☐	Over Active Thyroid	☐
Depression	☐	Brain tumor	☐
Diabetes	☐	Arterial aneurysm	☐

PrimalAir LLC
omt and breathing retraining

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Do you experience any of the following

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

If female, are you currently pregnant? Y / N

Do you smoke? Y / N

How many hours a week do you exercise?
Less than 1 hour
1-3 hours
3-5 hours
5-7 hours
7 or more hours
regularly involved in athletics / sports

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

Approximate age of asthma diagnosis _____

What best describes your asthma

Asthma symptoms you are having
Mild, exercise induced Coughing
Mild, allergic Wheezing
Mild, continuous Breathlessness
Moderate continuous Chest tightness
Severe continuous Frequent cold/chest infections

Number of hospitalizations during past 3 years _____

What triggers your asthma symptoms or do you symptoms get worse after

Exercise	☐	Animal dander	☐
Sleeping	☐	Stress	☐
Cold weather	☐	Dairy food intake	☐
Big meals	☐	Cold/Chest infections	☐
Pollen	☐	Weather	☐
Laughing	☐	Airborne irritants (chemicals, pollutants, smoke etc…)	☐
Dust mites	☐		
Excessive talking	☐		

Please, list asthma medication(s) and indicate dose you are currently taking

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RELEASE OF CLAIMS
Primal Air, LLC OMT and Breathing Retraining

The course offered by Primal Air, LLC OMT and Breathing Retaining 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 Primal Air, LLC OMT and Breathing Retaining 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.

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Release

In partial consideration for the knowledge provided by Primal Air, LLC OMT and Breathing Retaining in its course, I hereby voluntarily agree to release Buteyko Clinic USA, LLC and all instructors teaching the course offered by Primal Air, LLC OMT and Breathing Retaining from any and all claims that might arise by reason of illness, injury, or death resulting from my participation in the course offered by Primal Air, LLC OMT and Breathing Retaining 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 Primal Air, LLC OMT and Breathing Retaining 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 Primal Air, LLC OMT and Breathing Retaining 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 Primal Air, LLC OMT and Breathing Retaining so submit, to the submission of any such claims to binding arbitration in Dane County, WI 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 Primal Air, LLC OMT and Breathing Retaining to arbitration and I shall not contest such removal.

X _____
Client Printed Name

X _____
Client Signature and Date

X _____
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