ASSESSMENT RECORD

Client Name:	Sex: Age: Session Date:
Practitioner Name:	Email:
Type of breathing habits? □ Type 1 habits (breathing is regulated)	□ Type 2 habits (breathing regulates) □ Type 3 habits (symptoms regulate)
What are the principal complaints, symptoms, and/or deficits associated with the breathing habit(s)?	
Physiological measurements: PetCO2 EMG HRV HR SpO2 Br/min BP Other What did you find?	
What emotions and/or thoughts are associated with the breathing has	abit(s), and/or the physiological changes they mediate?
What are the specific triggers (e.g., places, times, people, tasks, situ	uations, thoughts, emotions) of the breathing habit(s)?
What are the motivations (e.g., fear) and reinforcements (e.g., contr	ol) perpetuating the breathing habit(s)?
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What kind of breathing challenges (e.g., making a phone call, guide	d overbreatning) did you implement and what were the outcomes?
What are the history and origins (a.g. acthma as a shill, pain issue	prognancy) of the breathing habit/c/2. Drayide details
What are the history and origins (e.g., asthma as a child, pain issue	, pregnancy) of the breathing habit(s)? Provide details.
What are possible interacting organic (e.g., hypertension, neurologic	cal disorder) and psychological (e.g., panic) conditions? Provide details.
What are possible interacting organic (e.g., hypertension, neurologic	sar disorder) una psychological (e.g., parile) contantons. Trovide details.
Are there problematic client beliefs (bigger breaths mean more O ₂) a	and symptom interpretations (e.g., I'm not getting enough O ₂)?
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In formulating a breathing learning plan for your client, what would be	be the specific learning objectives (e.g., improving attention)?
ADDITIONAL COMMENTS (e.g., measurement issues, such as metabolic acidosis and PetCO ₂ interpretations)	