

# REFERRAL REPORT

Please save this file in your client's name, e.g., smithreferral.pdf. Then upload it to your client's folder on the BSN portal. Go to <https://breathingsciencenetwork.com/> and click on DASHBOARD LOGIN.

Client Name: \_\_\_\_\_ Email: \_\_\_\_\_ Tel: \_\_\_\_\_

Practitioner Name \_\_\_\_\_ Email: \_\_\_\_\_ Tel: \_\_\_\_\_

**Why did you decide to make a referral?** Example: "Because of what I saw on the "Your Breathing Habits" form.

**Did you notice any of the following during your interview?** If you have comments, please write them in the space provided for each item.

- |   |  |
|---|--|
| <input type="checkbox"/> Aborted exhale (not exhaling completely) _____ | <input type="checkbox"/> Mouth breathing _____   |
| <input type="checkbox"/> Air hunger _____                               | <input type="checkbox"/> No hesitation between exhale & inhale _____                     |
| <input type="checkbox"/> Anxiety about breathing _____                  | <input type="checkbox"/> Overbreathing (PetCO <sub>2</sub> range?) _____ + _____         |
| <input type="checkbox"/> Assisting the inhale _____                     | <input type="checkbox"/> Rapid breathing (rate range?) _____                             |
| <input type="checkbox"/> Breath holding _____                           | <input type="checkbox"/> Reaching for air _____  |
| <input type="checkbox"/> Chest breathing _____                          | <input type="checkbox"/> Reverse breathing (contracting abdominals while inhaling) _____ |
| <input type="checkbox"/> Effortful breathing (struggle) _____           | <input type="checkbox"/> Shallow breathing _____   |
| <input type="checkbox"/> Faulty beliefs about breathing _____           | <input type="checkbox"/> Shortness of breath _____                                       |
| <input type="checkbox"/> Forced exhalation (pushing) _____              | <input type="checkbox"/> Symptoms associated with breathing _____                        |
| <input type="checkbox"/> Gasping, sighing _____                         | <input type="checkbox"/> Takes deep breaths _____  |
| <input type="checkbox"/> Intentional breathing manipulations _____      | <input type="checkbox"/> Worried about breathing _____                                   |
| <input type="checkbox"/> Muscle activity tied to breathing _____        | <input type="checkbox"/> <b>OTHER</b> _____  |

**Did you notice any changes in PetCO<sub>2</sub> levels during the interview?** If so, did any of the following seem to trigger the change?

- |  |   |
|--|---|
| <input type="checkbox"/> Change in breathing mechanics _____         | <input type="checkbox"/> Physical discomfort _____            |
| <input type="checkbox"/> Intentional manipulation of breathing _____ | <input type="checkbox"/> Postural (kinesthetic) changes _____ |
| <input type="checkbox"/> Conversational content _____                | <input type="checkbox"/> Pain _____                           |
| <input type="checkbox"/> Emotions _____                              | <input type="checkbox"/> <b>OTHER</b> _____                   |

**Did you introduce any breathing challenges during the interview, e.g., overbreathing?** If so, what were they and what were the outcomes?

**Did you make PetCO<sub>2</sub> measurements?** If so, please answer the questions below. Make comments in the space provided.

Was overbreathing (below 35 mmHg) present at the start of the session?  Yes  No

What were the initial baseline PetCO<sub>2</sub> values (first two minutes)? \_\_\_\_\_

What symptoms/deficits were reported, if any? \_\_\_\_\_

If values were below 35, did they rise to normal within the next few minutes?  Yes  No \_\_\_\_\_

If not, did you try to assist your client to raise the PetCO<sub>2</sub> levels to normal?  Yes  No If so, were you successful?  Yes  No

Did your client seem to be trapped in overbreathing?  Yes  No

**Did you take any screen shots of CO<sub>2</sub> graphs?** If so, please convert them to a PDF file and upload them to the client folder on the BSN portal.