

REFERRAL REPORT

Client Name: _____ Email: _____ Date: _____

REFERRAL? Yes No Practitioner Name _____ Email: _____

BEHAVIORAL OBSERVATIONS: Dysfunctional breathing behaviors

- Aborted exhale _____
- Assisting the inhale _____
- Avoidance of transition time _____
- Breath holding _____
- Chest breathing _____
- Doing breathing (not allowing) _____
- Dysponesis (muscles) _____
- Effortful breathing _____
- Forced exhalation _____

- Gasping, sighing _____
- Intentional manipulations _____
- Mouth breathing _____
- Overbreathing (PetCO₂ levels)** _____
- Rapid breathing (Rate range)** _____
- Reverse breathing _____
- Taking deep breaths _____
- Underbreathing _____
- Other _____

Triggers of dysfunctional breathing DURING the interview:

- Breathing mechanics _____
- Breathing self-interventions _____
- Conversational content _____
- Emotions _____
- Memories _____

- Physical discomfort _____
- Postural (kinesthetic) changes _____
- Tasks _____
- Thoughts _____
- Other _____

Fear or anxiety associated with breathing:

- Allowing the breathing _____
- Approaching the end of the exhale _____
- Breathing in the chest _____
- Breathing in the diaphragm _____
- Can't take a deep breath _____
- Changes in body sensations _____
- Fast breathing _____

- Hypocapnic symptoms _____
- Nose breathing _____
- Slow breathing _____
- Slowness of the exhale _____
- Small breaths _____
- Transition time (exhale to inhale) _____
- Others _____

Thoughts and beliefs associated with breathing:

- Breathing is "done" (not allowed) _____
- Disruptive thoughts _____
- Faulty beliefs _____

- Memories _____
- Self-talk _____
- Symptom misinterpretation _____

Breathing challenges used and outcomes: _____

CAPNOGRAPHY (PetCO₂): Was overbreathing (below 35 mmHg) present at the start of the session? Yes No

What were the initial baseline PetCO₂ values (first two minutes)? _____

What symptoms/deficits were reported, if any? _____

If so, did recovery take place on its own within a few minutes? Yes No Why? _____

If not, when did PetCO₂ levels return to normal, and why? _____

Did you assist in this process? Yes No How did you assist? _____

Was your client trapped in overbreathing? Yes No

What was your client's explanation for the associated symptoms? _____

How did the symptoms/deficits change as breathing changed? _____

EMG: Was your client "chest breathing" at the start of the session?" Yes No Do you suspect dysponesis? Yes No

If so, what breathing accessory muscles were being used? _____

What EMG placement did you make and what were the readings? _____

Did you ask your client to breathe with the diaphragm? If so, could (s)he do so? Yes No N/A

If so, which did they prefer chest diaphragm? What was the preference based on? _____

What muscles unrelated to breathing were triggered by breathing (e.g., jaw)? _____

What EMG placement did you make and what were the readings? _____

How was dysponesis affected when (and if) your client shifted into the diaphragm? _____

Did posture influence breathing? Yes No If so, how? _____

How did emotions and thoughts shift muscle utilization? _____

What correlation did you observe among EMG, PetCO₂, and breathing rate? _____