OPTIMAL HYPERBARICS

Patient Name: _____ Date:_____

Address: _____

_____

_____

Cell Phone:_____Home Phone: _____

E-mail address: _____

DOB: _____ Sex: M___ F___ Height:_____ Weight:_____

Emergency Contact:_____ Relationship:_____

Emergency Contact Phone number:_____

Physician Name: _____

What is your diagnosis? _____

Have you undergone Hyperbaric Treatment Before? N_____Y_____

If yes - when was your last hyperbaric treatment? _____

- How many treatments have you received?_____

Do you smoke tobacco?_____

Is there any chance of you being pregnant? _____

How did you hear about us? _____

Do you suffer from? *If so, explain:*

Mechanical damage of the ears or sinuses: _____

Chronic or Current Ear, Nose, or Throat infection:_____

Respiration or Lung Problems: _____

Do you have, or have you ever had any of the following?

	Yes	No		Yes	No
Diabetes			Seizures		
Stroke			Asthma		
Emphysema			Pneumothorax		
Heart Attack			Angina		
Prosthesis			Hypertension		
Colostomy			Lieostomy		

Do you take any of the following drugs?

	Yes	No		Yes	No
Doxorubicin			Cis-Platinum		
Andriamycin			Mafenide Acetate		
Disulfiram			Sulfamylon		
Antabuse					

Missed Appointments:

We value you as a client and will go the extra mile to accommodate your scheduling needs to the best of our ability. Please extend us the same courtesy by letting us know if you will not be able to make a scheduled appointment. Repeat offenders may incur a charge of $50.00 at our discretion.

Initials:_____

Insurance:

Medicare or Private Insurance **DOES NOT** generally cover HBOT. Any arrangement between insurance carrier and myself is my responsibility.

If your indication is covered by insurance we will prepare any necessary reports and or forms to assist you in making your collection.

I understand that if I suspend or terminate my care and treatment, any fees for services rendered to me will be immediately due and payable. I also understand all fees paid are non-refundable.

Initials:_____

Patient signature:_____ Date:_____

Informed consent for hyperbaric oxygen treatment

I hereby authorize OPTIMAL HYPERBARICS to treat me in the hyperbaric chamber and do all that is required as part of that therapy.

If any unforeseen conditions arise during the course of this treatment, I do hereby authorize and request the physician and his/her assistants to perform such additional procedures and/or to render such treatment as he may in his/her professional judgment deem necessary.

The physician or a staff member had explained to me the general methods of the procedure, and explained to me the special risks, contraindications, and consequences associated with hyperbaric oxygen therapy. These include, but are not limited to:

- Barotrauma
- Pulmonary over pressure syndrome
- Oxygen toxicity
- Changes to my visual acuity
- Claustrophobia
- Fire

The alternatives to this therapy have been explained, and I have been informed that I can refuse treatment.

I understand and acknowledge that no guarantee or assurance has been made to me regarding the results or risks, and I assume such risk as explained to me.

I, also, consent to and authorize the administration of medication to me during the administration of HBOT, and I assume all risks in connection with the use of such medication.

I certify that I have read, or have had read to me, this consent and fully understand its contents.

Patient Signature:_____ Date:_____

Before and After HBOT:

- If you have **nasal** congestion, **sinus** problem or head cold, on the day of the treatment, it is not recommended you receive HBOT that day.
- Heavy cardiovascular exercise is not recommended **one hour prior** to your treatment as well as **four hour after** your treatment.
- **100% cotton** clothing is recommended for HBOT.
- Electronic devices, all metal, jewelry and watches **are not permitted in the hyperbaric chamber.**
- Please empty all pockets.
- Please wear socks. No bare feet!
- If you have any questions regarding your medications consult the hyperbaric technician.
- If you have had any new **dental work** especially fillings, you must wait 48 hours to going in the chamber to preserve the integrity of the fillings.
- **Do not smoke** at least four hour prior to or after your treatment.
- Do not **fly** or **drive** to a higher altitude within 12 hours of completing your last hyperbaric treatment.

Your Ears & the Hyperbaric Chamber

If you are receiving Hyperbaric Treatments it is important to understand how to clear your ears. While inside the chamber you must help your ears to clear by equalizing the pressure you feel. You can accomplish this in three manners:

- Yawn and swallow
- Valsalva (pinch your nose shut & attempt to gently blow through nose)
- Wiggle jaw repeatedly or chew gum (if treated in a sit-up chamber)

All of these techniques must be repeated every time you feel pressure building in your ears. If your ear does not clear using these techniques you must knock on the chamber, so we can stop for a moment and let your ears adjust to the pressure. If you do not, you will have pain & sore ears for several days. Hyperbaric treatments should be painless.

Your ears may do some funny things while you are undergoing treatments in the hyperbaric chamber. You may experience some or all of the following:

- Popping or crackling in the ear (especially when you yawn)

You may experience some of these symptoms at any point during or following your treatment. It is important to understand that it is OK if you experience some or all of these symptoms.

If you experience any of the following please inform your Hyperbaric Technician prior to your next treatment. We will examine your ears to rule out any problems, and administer ear drops if needed.

- A fullness feeling in the ear
- May feel as though you have water in your ear
- One or both of your ears may be plugged
- Inside your ear may feel tender

Please work with us to ensure that you have a comfortable experience in the chamber & are able to receive all the wonderful benefits from receiving hyperbaric oxygen therapy!