

Hyperbaric Oxygen Therapy

Informed Consent Form

Patient Profile

Please answer the following questions on your past or present medical history with YES or NO, **If you are not sure, answer YES**

Could you be pregnant, or are you attempting to become pregnant? _____

Have you ever had or do you currently have:

- _____ Lung Disease, any form
- _____ Emphysema
- _____ Pneumothorax/Collapsed Lung
- _____ Chest Surgery
- _____ Heart Failure
- _____ Heart Disease
- _____ High Blood Pressure
- _____ Any diseases or conditions involving ears or sinus or surgical interventions
- _____ Difficulty clearing ears during pressurised environments i.e. Flights, Diving
- _____ Claustrophobia
- _____ Epilepsy/Seizures
- _____ Diabetes
- _____ Cataracts

Are you presently taking prescription medications for any of the above questions? If so, please specify:

I, _____ Hereby consent and authorize the Hyperbaric Oxygen Therapy (HBOT) staff at _____ to administer Hyperbaric Oxygen Therapy to me.

In doing so, I hereby acknowledge the following:

- If I am undergoing m-HBOT for general health and wellness, then I understand that m-HBOT is only FDA cleared for medically treating altitude sickness and if I do not have this condition then I am not using it to treat a medical condition, but only as an aid to help improve my physiological oxygen levels, with the goal of helping to improve my general well-being.

- If I have a signed clinician form/prescription from a doctor that believes that this will help my condition, I understand that this is considered 'off-label' and not supported by the FDA (unless the condition is altitude sickness). For this reason, the nature and purpose of Hyperbaric Oxygen Therapy has been explained to me and I understand the explanation. Also, the consequences, risks, costs of treatments, and alternatives to HBOT have been explained to me and informed that HBOT may need to be repeated in the future, either by repeated sets of treatments or by frequent maintenance treatments in order to help maintain the benefits.
- I have been given the opportunity to ask any question I might have regarding HBOT therapy, and the provider has answered my questions.
- I have informed the attendant of my current health status, all current medications, and therapies, and I agree that it is my responsibility to keep the attendant aware of changes in my condition, medication, or therapies, for every session
- I have been informed that I may refuse treatments at any time, or even terminate a treatment while in the chamber, and exit the chamber in minutes.
- I will follow the instructions of the chamber attendant and I will inform the attendant of any concerns during the treatment, such as pain, nausea, diarrhoea, dizziness, visual changes, ringing or other noises in the ears, unusual smells, fear or anxiety reaction, unusual sweating, changes in heart rhythm, hiccups, chest pain, faintness, mood changes, difficulty breathing, or any discomfort.
- I have read and understand the FAQ and will comply with its instructions.
- The benefits of HBOT may be much greater if I follow a healthy lifestyle, which includes non-smoking, weight control, exercise, proper nutrition, and stress management.
- Potential Risks of m-HBOT: Ear drum/sinus discomfort or pain, reversible myopia, confinement anxiety/ claustrophobia, fatigue, collapsed lung/pneumothorax, severe lung diseases/lung damage from pressure, heart failure, blood sugars may drop in diabetics, cataract maturation
- If any unforeseen conditions arise during the course of this treatment, I do hereby authorise/request the staff to perform such additional procedures and/or to render such treatments as may be deemed necessary at that time.

Date

Patient Signature

Witness