

# Hyperbaric Oxygen Therapy

Jakes Healing Place, INC.

Thank you for selecting our hyperbaric team! We will strive to provide you with the best possible service. To help us meet your needs, please fill out this form completely in ink. If you have questions or need assistance, please ask us. We will be happy to help you.

## Patient Information

### CONTINUE ONLY IF:

**Not currently prescribed or taking the following medications:**

**Bleomycin, Disulfiram, Mafenide Acetate**

**Do not have or suspect having:**

**Hereditary Spherocytosis, Sickle Cell Anemia, COPD**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Check one: ☐ Minor ☐ Single ☐ Married ☐ Divorced ☐ Separated

If Minor, Parent or Legal Guardian: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

What is your primary reason for coming to Hyperbaric Oxygen Therapy at our facility?

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Who may we thank for referring you? \_\_\_\_\_

## **Patient Medical History**

1. Are you under medical treatment? Yes\_\_ No\_\_
2. Do you exercise regularly? Yes\_\_ No\_\_
3. Do you use tobacco? Yes\_\_ No\_\_
4. Have you been hospitalized for any surgical operation or serious illness within the past 5 years? Yes\_\_ No\_\_
5. Do you use alcohol? Yes\_\_ No\_\_ if so, how often?
6. Are you pregnant or think you may be pregnant? Yes\_\_ No\_\_ If so, how many weeks? \_\_\_\_\_ If no, date of last menstrual period? \_\_\_\_\_
7. Are you taking any medication? \_\_\_\_\_ If yes, please list: \_\_\_\_\_

If yes, please list: \_\_\_\_\_

8. Medication Allergies: \_\_\_\_\_
9. Do you have, or have you had any of the following: Put **Y** for yes and **N** for No.

Acute Respiratory Illness	_____	Frequent Ear Infection	_____	Mitral Valve Prolapse	_____
AIDS or HIV Infection	_____	Frequently Tired	_____	Neurological Disease	_____
Angina	_____	Hay Fever/ Allergies	_____	If YES, when?	_____
Anxiety	_____	Hepatitis/Jaundice	_____	Recent Weight Loss	_____
Arthritis	_____	Heart Attack	_____	Respiratory Problems	_____
Asthma	_____	Heart Disease	_____	Rheumatic Fever	_____
Back Pain	_____	Heart Murmur	_____	ringing in the Ears	_____
Cancer	_____	Heart Problems	_____	Rosacea	_____
Chemical Sensitivity	_____	Herpes	_____	Seizure Disorders	_____
Chest Pain	_____	High Blood Pressure	_____	Stomach Problems	_____
Chronic Bronchitis	_____	Infections, Frequent	_____	/Ulcers	_____
Chronic Fatigue (CFS)	_____	Kidney Disease	_____	Stroke	_____
Claustrophobia	_____	Leukemia	_____	Swollen Ankles	_____
Diabetes, Insulin Dependent	_____	Liver Disease	_____	Thyroid Problems	_____
Emphysema	_____	Low Blood Pressure	_____	Tuberculosis	_____
Fainting / Seizures	_____	Lung Disease	_____	Other:	_____
Fever Related Seizures	_____	Lung Infection, frequent	_____		_____
Fibromyalgia	_____	Malignant Disease	_____		_____

10. Ear problems? \_\_\_\_\_ When you fly? \_\_\_\_\_ Going up and down in an elevator? \_\_\_\_\_

11. Do you have back problems? \_\_\_\_\_

Patient Comments: \_\_\_\_\_

I have accurately answered the questions above. I authorize the release of any medical information from my chart to any physicians(s) who may be involved in my medical treatment. I understand it is my responsibility to update this information as needed, including changes in medical conditions/diagnosis, medications, and personal and physician contact information. I agree to be responsible for payment for all services rendered on my or my dependents behalf.

Signature of patient/ parent or guardian \_\_\_\_\_

## **Mild Hyperbaric Therapy Consent Form**

The technology known as mild Hyperbaric Therapy (mHBT) has been reported to have beneficial effects for a wide range of conditions, without negative side effects. Nevertheless, as with many treatments, there are areas of concern of which you should be aware. It is important that you take a few minutes to read the following information.

*Please Initial* \_\_\_\_\_

**OTIC BAROTRAUMA:** Is a condition of injury to the eardrum and is extremely unlikely to occur in the mild hyperbaric chamber. However, severe ear discomfort can be caused if you cannot equalize the pressure in your ears. As the chamber is pressurized and depressurized, you must be able to equalize the pressure in your ears to acclimate to the pressure changes. You will most likely experience "popping" in your ears. This is normal. You can assist the equalization process by yawning, chewing, swallowing, working your jaw side-to-side and up and down, turning the head side-to-side and ear-to-shoulder. Sitting upright in the chamber during pressurization and depressurization will generally also make the equalization process more comfortable. In general, doing whatever assists you being comfortable when taking off and landing in a plane may be most effective for you. Continue to do this as needed for the duration of pressurization and depressurization. When the chamber reaches full pressure and again when the chamber is completely deflated there should be no additional pressure in the ears. **IF YOU ARE UNABLE TO EQUALIZE EAR PRESSURE AND EXPERIENCE PAIN IN ONE OR BOTH EARS, IT IS CRITICAL YOU COMMUNICATE ANY DISCOMFORT IMMEDIATELY TO THE STAFF.** This will give us the opportunity to make adjustments in the pressurization or depressurization process to eliminate discomfort. If you are unable to equalize the pressure in your ears, the visit will be immediately terminated. If this happens or if pain persists beyond the visit, we recommend you consult your physician to evaluate the situation before attempting another visit.

**EAR, SINUS OR THROAT CONGESTION, HEAD COLD, VIRUS, PRIOR EAR TRAUMA:** You may consider rescheduling your visit in the chamber if you are suffering from any of these conditions. Discomfort from these conditions is less frequent but may occur. **IF YOU ARE UNABLE TO EQUALIZE EAR PRESSURE AND EXPERIENCE PAIN IN ONE OR BOTH EARS, IT IS CRITICAL YOU COMMUNICATE ANY DISCOMFORT IMMEDIATELY TO THE STAFF** so we can assist you or terminate your visit. We recommend you consult your physician in order to alleviate the underlying condition before attempting another visit.

**PULMONARY HYPEREXPANSION:** This condition is very rare under mild hyperbaric treatments. However, to be overly cautious, **HOLDING YOUR BREATH DURING DECOMPRESSION MUST BE AVOIDED** as it could lead to expansion of air in your lungs and damage to the lung tissues. In the highly unlikely event of an unexpected rapid decompression, it is critical that you exhale immediately.



**MEDICATIONS:** mild Hyperbaric Therapy may enhance the effectiveness or increase the Metabolism (decrease the effectiveness) of any medication you are taking. **IT IS RECOMMENDED THAT YOU HAVE THE DOSAGE AND FREQUENCY OF ALL MEDICATIONS MONITORED AND ADJUSTED REGULARLY BY YOUR PHYSICIAN.**

**PREGNANCY:** MILD HYPERBARIC THERAPY IS NOT ALLOWED DURING THE FIRST TRIMESTER. After this time it may be beneficial to both mother and child.

**SEIZURES:** mild Hyperbaric Therapy is not associated with causing or inducing seizures. To be cautious, we may have established a seizure protocol that involves reaching full pressure (4.2psi) and spending full treatment time (standard 1 hour) in the chamber over a series of staged visits. **IF ANYONE GETTING IN THE CHAMBER IS SEIZURE PRONE, THE STAFF MUST BE MADE AWARE PRIOR TO THE FIRST VISIT.** If a seizure is experienced in our clinic, unless otherwise instructed (and a waiver signed), our procedure is to call 911, remove the patient from the chamber and make the individual as comfortable as possible.

**DETOXIFYING OR CELL DIE-OFF:** mild Hyperbaric Therapy may assist the body to naturally Detoxify and balance digestive flora. **AN INDIVIDUAL MAY EXPERIENCE SOME DISCOMFORT FROM THIS PROCESS IN AS LITTLE AS 1 TO 36 HOURS AFTER TREATMENT.** Symptoms may include: flu-like symptoms, loss of appetite, stomach ache, constipation, diarrhea, headache, behavioral issues, etc. Although unpleasant, this is a natural process and continuing treatments may be of benefit to more rapidly accomplish a positive result. However, **IF SYMPTOMS PERSIST, WE RECOMMEND CONSULTING YOUR PHYSICIAN TO EVALUATE AND ALLEVIATE THE SITUATION BEFORE ATTEMPTING ANOTHER VISIT.**

**PNEUMOTHORAX:** mild Hyperbaric Therapy is contraindicated for an existing pneumothorax (collapsed lung). **IF YOU HAVE A PNEUMOTHORAX OR SUSPECT THAT A UNIT YOU/WE RECEIVE A DOCTOR'S CLEARANCE.** If you have experienced a pneumothorax in the past and have been "cleared from your doctor" to resume normal activity, once you have provided a written confirmation, you should be able to proceed with mild Hyperbaric Therapy.

**COMPRESSIVE BRAIN LESIONS – SUBDURAL OR INTRACRANIAL HEMATOMA:** mild Hyperbaric Therapy is contraindicated for existing compressive brain lesions (subdural Hematoma, intracranial hematoma). **IF YOU HAVE COMPRESSION BRAIN LESIONS OR SUSPECT THAT COMPRESSIVE BRAIN LESIONS ARE AN ISSUE, YOU WILL NOT BE ALLOWED IN THE CHAMBER UNTIL YOU/WE RECEIVE A DOCTOR'S CLEARANCE.** If you Have experienced compressive brain lesions in the past and have been "cleared from

your doctor" to resume normal activity, once you have provided a written confirmation, you should be able to proceed with mild Hyperbaric Therapy.

**DIABETES / INSULIN DEPENDENT:** Insulin dependency may result in a drop in blood sugar while \_\_\_\_\_ in the chamber. **IT IS CRITICAL THAT YOU IMMEDIATELY COMMUNICATE TO THE STAFF IF YOU EXPERIENCE OR ANTICIPATE AN EPISODE. YOUR TREATMENT WILL BE TERMINATED.** You are Required to; A) take a blood sugar reading prior to your treatment (if below 150, you must have a snack prior to treatment) and again after treatment (if below 150, you must have a snack before leaving). B) Take a protein bar and a juice box (or whatever you use if faced with a "drop" in the normal management of your condition) into the chamber.

**SENSITIVITY TO CHEMICALS (MCS) / ODORS / ALLERGY:** Avoid wearing colognes as the smells \_\_\_\_\_ may linger in the chamber and have an adverse effect on another patient. **IF YOU EXPERIENCE ADVERSE SENSITIVITY OR HAVE ALLERGIES THAT MAY BECOME AGGRAVATED WHILE IN THE CHAMBER, LET THE STAFF KNOW PRIOR TO YOUR VISIT OR AS SOON AS POSSIBLE WHEN IN THE CHAMBER SO MEASURES CAN BE TAKEN TO ASSURE YOUR COMFORT OR IF YOUR VISIT NEEDS TO BE TERMINATED.** We recommend that you wear a charcoal mask or filter if it is known To assist your condition. If these sensitivities persist and you cannot exist comfortably in the Chamber, you will need to consult your physician in order to alleviate the underlying condition before attempting another visit.

***I have read and fully understand the above information.***

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**HEALTH INFORMATION AUTHORIZATION FORM**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

THE PATIENT IDENTIFIED ABOVE AUTHORIZES HBOTABREATHFORLIFE TO USE AND / OR DISCLOSE PROTECTED HEALTH INFORMATION IN ACCORDANCE WITH THE FOLLOWING:

***SPECIFIC AUTHORIZATION***

- I give permission to HBOTABREATHFORLIFE to use my address, phone number and clinical records to contact me with appointment reminders, missed appointment notification, birthday cards, holiday related information, treatment alternatives, or other health related information.

Initial \_\_\_\_\_

- I give permission to HBOTABREATHFORLIFE to leave a phone message on my answering machine or voice mail.

Initial \_\_\_\_\_

- I give HBOTABREATHFORLIFE permission to provide hyperbaric therapy in an open room where other patient is also receiving hyperbaric therapy. I am aware that other persons in the office may overhear some of my protected health information during the course of care. Should I need to speak with the practitioner at any time in private, the practitioner will provide a room for these conversations.

Initial \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



## **PROMOTION AND DOCUMENTATION AUTHORIZATION FORM**

Patient: \_\_\_\_\_ Parent or Legal Guardian: \_\_\_\_\_

To assist in the promotion and documentation of our services here at the center, we request permission to photograph you and/or your child. This photograph may be used, along with your name and testimonial, in printed form on display in our center, in printed form on display during promotional events around the country, in digital form on educational CDs or on our website.

### **SPECIFIC AUTHORIZATION**

- I give HBOTABREATHFORLIFE permission to use my photograph or my child's photograph in printed form on display at the center or during promotional events and in digital form on a promotional / educational CD or on our website.

Initial \_\_\_\_\_

- I give HBOTABREATHFORLIFE permission to use my name and/or my child's name in printed form on display at the center or during promotional events and in digital form on promotional / educational CD or on our website.

*First names only* Initial \_\_\_\_\_

*Both first and last name* Initial \_\_\_\_\_

- I give HBOTABREATHFORLIFE permission to use all or part of my testimonial in printed form on display at the center or during promotional events and in digital form on a promotional / educational CD or on our website.

Initial \_\_\_\_\_

By signing this form, you are giving HBOTABREATHFORLIFE permission to use and disclose your photograph, name and testimonial in accordance with the directive listed above.

You have the right to refuse to sign this AUTHORIZATION. If you refuse to sign this AUTHORIZATION, HBOTABREATHFORLIFE will not refuse to provide treatment.

You have the right to revoke this AUTHORIZATION at any time. Details will be provided upon your request.

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PRIVATE LICENSE**

The understanding hereby grants a Private License to HBOTABREATHFORLIFE to provide mild hyperbaric therapy to the undersigned. The undersigned acknowledges that HBOTABREATHFORLIFE and its agents neither diagnose nor prescribe for medical or psychological conditions nor claim to prevent, treat, or cure any condition. Its agents do not provide diagnosis, care, treatment or rehabilitation of individuals, nor does HBOTABREATHFORLIFE or its agents apply medical, mental health or human development principles, but rather provides mild hyperbaric therapy technology that may benefit.

The understanding acknowledges giving Informed Consent to the service that will be provided.

The undersigned hereby releases HBOTABREATHFORLIFE and its agents from all claims and liabilities arising from the use or misuse of hyperbaric therapy, indemnifying and holding HBOTABREATHFORLIFE and its agents harmless from all claims and liabilities wherefrom, whatsoever. HBOTABREATHFORLIFE and its agents reserve all rights.

In the unlikely event that the client has a dispute with HBOTABREATHFORLIFE, the client agrees that the dispute shall be settled by arbitration through the Better Business Bureau of Rochester.

I (print name) \_\_\_\_\_ have read, fully understanding and consent to treatments in the mild hyperbaric chamber. I have also completed the health questionnaire which accompanies this consent form, and I agree to hold HBOTABREATHFORLIFE harmless from blame regarding hyperbaric therapy services provided by HBOTABREATHFORLIFE.

**Although mild hyperbaric therapy has been reported to be beneficial for a wide range of conditions, this therapy is not meant as a cure for any condition or disease, and no therapeutic outcomes can be guaranteed. We do not in any way recommend hyperbaric therapy as a substitute for any medical treatments prescribed or suggested by any medical physician. We do not make any guarantees to any results that an individual may experience. We are NOT medical practitioners. We do not accept insurance for our services.**

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_