



NIECY'S

WELLNESS & MEDICAL SPA

Hyperbaric Oxygen Chamber Consent Form:

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(423)410-0072
office@niecyswellnessandmedicalspsa.com

NAME _____ DOB _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE (____) - ____ - _____ EMAIL _____

EMERGENCY CONTACT NAME _____ EMERGENCY CONTACT # _____

REFERRED BY: _____ REASON FOR APPT _____

The use of hyperbaric oxygen chamber therapy is not intended to treat, cure or prevent any illness or condition. All medical conditions should be treated by a physician competent in treating that particular condition. Clearance from medical primary care doctor is required before hyperbaric oxygen chamber therapy at Niecy's Wellness and Medical Spa. Niecy's Wellness and Medical Spa assumes no responsibility for customers choosing to treat themselves.

The use of hyperbaric oxygen chamber therapy is not intended to substitute for medical care or treatment. Do not stop your medication without first consulting with your doctor or medical professional. Hyperbaric oxygen chamber therapy is NOT a substitute for any conventional medication or medical condition. The information contained herein is not intended to cover all possible uses, directions, precautions, warnings, drug interactions, allergic reactions, or adverse effects. If you have any questions about hyperbaric oxygen chamber therapy, or possible contraindications, please consult with your physician or health professional.

What is Hyperbaric Oxygen Chamber Therapy?

Concentrated oxygen at a pressure of 1.3 ATA causes an increase in oxygen delivery to injured or hypoxic tissues at a level **400%** deeper than our normal blood supply can penetrate. This utilizes the properties of liquids and gases



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WELLNESS & MEDICAL SPA

under pressure (Henry's Law), which causes oxygen (a gas) to become dissolved into fluids such as plasma, cerebrospinal, and synovial fluids. This creates a systemic saturation of the brain, nervous system, muscles, joints, and organs allowing for penetration to difficult to reach regions in an effort to promote healing. Although mild hyperbaric chambers are indicated for acute mountain sickness, there are many other conditions it can be used for but are all considered "off label."

Oxygen at high doses or under pressure should be viewed as a drug with its own set of toxicities as well as drug interactions. Hyperbaric oxygen therapy is oxygen administered at both elevated doses and elevated pressures. Hyperbaric oxygen therapy is 100% oxygen administered at one and a half to three times the atmospheric pressure at sea level. It is used to treat a variety of different conditions including but not limited to carbon monoxide poisoning, decompression sickness, arterial gas embolism, radiation-induced tissue injury, necrotizing fasciitis, osteomyelitis, problem wounds, thermal burns, etc. Off label conditions include but are not limited to:

- Reduces inflammation and pain
- Increases white blood cell formation
- Increases stem cell production and their transfer to the Central Nervous System
- Antimicrobial effect
- Promotes Angiogenesis
- Increases blood flow
- Ups regulation of key antioxidant enzymes and decreases oxidative stress
- Decreases bacterial/yeast load found systemically and in the gut
- Decreases viral load found systemically
- Increased production of serotonin
- Overall detoxification to help rid the body of mercury and other heavy metals
- Antiaging
- Speeds up post-surgery recovery
- Helps to repair and rebuild bone
- Helps increase energy levels
- Helps improve memory
- Helps improve sleep and treat sleep apnea
- Helps relieve delayed onset muscle soreness (DOMS)

Contraindications:

- Pneumothorax
- Pregnancy
- Chemotherapy drugs
- Compressive brain lesions – Subdural hematoma, Intracranial hematoma



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Side effects, what to expect, and Important Information:

OTIC BAROTRAUMA: is a condition of injury to the eardrum, and is extremely unlikely to occur in the 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 in 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 the 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 THAT 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 that you consult your physician to evaluate and alleviate the situation before attempting another visit.

EAR, SINUS AND/OR THROAT CONGESTION, HEAD COLDS, VIRUS OR PRIOR TRAUMA TO THE EARS: 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 THAT 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 Hyperbaric treatments. However, to be overly cautious, **HOLDING YOUR BREATH DURING DECOMPRESSION MUST BE AVOIDED** as it could lead to expansion of the 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:** Hyperbaric Therapy may enhance the effectiveness or increase the metabolism (decrease the effectiveness) of any medications you are taking. **IT IS RECOMMENDED THAT YOU HAVE THE DOSAGE AND FREQUENCY OF ALL MEDICATIONS MONITORED AND ADJUSTED REGULARLY BY YOUR PHYSICIAN**

SEIZURES: Hyperbaric Therapy is not associated with causing or inducing seizures. **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 is signed), our procedure is to call 911, remove the patient from the chamber and make the individual as comfortable as possible. **DETOXIFYING OR CELL DIEOFF:** Hyperbaric Therapy may assist the body to naturally detoxify and balance digestive flora. **AN INDIVIDUAL MAY EXPERIENCE SOME DISCOMFORT FROM THIS**



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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: Hyperbaric Therapy is contraindicated for an existing pneumothorax (collapsed lung). **IF YOU HAVE A PNEUMOTHORAX OR SUSPECT THAT A PNEUMOTHORAX IS AN ISSUE, YOU WILL NOT BE ALLOWED IN THE CHAMBER UNTIL YOU/WE RECEIVE A DOCTOR'S CLEARANCE.** If you have experienced a pneumothorax in the past and have already been "cleared from your doctor" to resume normal activity, once you have provided a written confirmation you should be able to proceed with Hyperbaric Therapy.

COMPRESSIVE BRAIN LESIONS – SUBDURAL HEMATOMA, INTERCRANIAL HEMATOMA: Hyperbaric Therapy is contraindicated for existing compressive brain lesions (subdural hematoma, intercranial hematoma). **IF YOU HAVE COMPRESSIVE 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 already been "cleared from the doctor" to resume normal activity, once you have provided a written confirmation you should be able to proceed with 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 your treatment (if below 150, you must have a snack prior to 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 with you. **SENSITIVITY TO CHEMICALS (MSC) / ODORS/ ALLERGY:** Avoid wearing heavy 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.**

BY SIGNING THIS WAIVER I AGREE THAT:

- I understand the hyperbaric oxygen chamber therapy treatment and I accept the risks, and possible side effects of the treatment.
- I grant Niecy's Wellness and Medical Spa permission to give me hyperbaric chamber oxygen chamber therapy and I do not hold them responsible for any adverse health reactions.
- I am aware that the results are not guaranteed and I may require more treatments to achieve my desired results.
- I will make Niecy's Wellness and Medical Spa aware of any changes to my medical history before every subsequent treatment.
- I acknowledge that this consent will cover this treatment as well as subsequent treatments I may have.



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- I understand that hyperbaric oxygen therapy can be used for both on and off label conditions
- At Niecy's Wellness and Medical Spa, we ask that you obtain primary care physician clearance before any treatment

LIMITATION OF LIABILITY: You agree, acknowledge, and voluntarily assume the risk of injury, accident or death which may arise from the use of hyperbaric oxygen chamber therapy. I and any of my heirs, executors, representatives, or assigns hereby release all claims or liabilities for personal injury or property damages of any kind sustained while on the premises, during the use of of hyperbaric oxygen chamber therapy and from any advice provided by an employee, independent contractor, or any representative. I agree that this disclaimer and consent is in effect for all of hyperbaric oxygen chamber therapy sessions and will not expire unless specifically requested by either party. I understand that if any new health conditions and/or medication changes are made, I will consult with my primary care doctor to be cleared again before further use. I further understand that the employees and practitioners at Niecy's Wellness and Medical Spa are not medical doctors and are not attempting to portray or conduct the activities of a medical doctor. I have carefully read the above safety instructions for of hyperbaric oxygen chamber therapy. I fully understand them and fully agree to comply with instructions. I will consult with the staff of Niecy's Wellness and Medical Spa if I have further questions.

NAME: _____ DATE: _____

SIGNATURE: _____ DATE: _____

If under the age of 18- PARENT GUARDIAN

SIGNATURE: _____ DATE: _____

PRACTITIONER NAME: _____ DATE: _____

SIGNATURE: _____ DATE: _____

MEDICAL DIRECTOR NAME: _____ DATE: _____

SIGNATURE: _____ DATE: _____