



Patient Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

E-mail Address: _____

DOB: _____ Sex: M ___ F ___ Height: _____ Weight: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone Number: _____

Referring Physician Name: _____

Physician Address: _____

Physician Phone Number: _____

What is your diagnosis? _____

How did you hear about us? _____

Have you undergone hyperbaric oxygen treatment before? No ___ Yes ___

If yes: When was your last hyperbaric oxygen treatment? _____

How many treatments have you received? _____

Do you smoke tobacco? _____

Is there any chance of you being pregnant? _____



Do you suffer from any of the following? 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			Heart Attack		
Seizures			Angina		
Stroke			Prosthesis		
Asthma			Hypertension		
Emphysema			Colostomy		
Pneumothorax			Ileostomy		
Pacemaker					

Do you take any of the following drugs?

	Yes	No		Yes	No
Doxorubicin (Lipodox, Doxil)			Disulfiram (Antabuse)		
Cisplatin			Bleomycin (Bleo)		
Andriamycin (Doxorubicin)			Amiodarone (Pacerone, Nexterone)		
Sulfamylon (Mafenide Acetate)					



INFORMED CONSENT FOR HYPERBARIC OXYGEN TREATMENT

I hereby authorize THRIVE 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 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	Changes to my visual acuity
Pulmonary over pressure syndrome	Claustrophobia
Oxygen toxicity	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 before your treatment or four hours 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.
- 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 go in the chamber to preserve the integrity of the fillings.
- **Do not smoke** at least four hours before or after your treatment.
- Do not **fly** or **drive** to a higher altitude within 12 hours of completing your last hyperbaric treatment.

Initials: _____



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 your 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 and sore ears for several days. Hyperbaric treatments should be painless.

Your ears may do funny things while undergoing treatments in the hyperbaric chamber. You may experience 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 before your next treatment. We will examine your ears to rule out any problems, and administer ear drops if needed.

- A full 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 & can receive all the wonderful benefits of receiving hyperbaric oxygen therapy!

Initials: _____



NO-SHOW AND CANCELLATION POLICY

Our primary objective is to deliver high-quality personalized care. Instances of no-shows and late cancellations can create inconvenience for individuals seeking timely access to our services. Effective January 1, 2024, we are implementing fees for missing and canceled appointments to enhance the realization of available time slots for patients in need of hyperbaric oxygen therapy.

Cancellation Policy:

We acknowledge the value of time and understand that unforeseen circumstances may necessitate appointment cancellations to accommodate the needs of our patients. **We kindly request that you contact our office at least 24 hours in advance to properly cancel your appointment.**

Missed/No-Show Policy:

We also recognize that occasional situations arise that can bring about a no-show/late cancellation.

Appointments canceled with us with less than a 24-hour notice will be subject to a \$25 cancellation fee. This fee helps maintain the efficiency of our schedule system and ensures that our services are available to those who require them. **Missed/no-show appointments will be subject to a \$50 no-show fee.**

We firmly believe that a good patient relationship is based on understanding and good communication. Thank you for your understanding.

By signing this document, you acknowledge that you understand the information in this policy.

Signature

Date



REFUND POLICY

At Thrive Hyperbarics, we strive to provide the highest level of service and satisfaction. We understand that circumstances may change, and you may need to request a refund for your purchased sessions. Below is our refund policy based on our session pricing:

Pricing:

- 1 to 4 sessions: \$250 each
- Package of 5 sessions: \$225 each
- Package of 10 sessions: \$200 each
- Package of 20 sessions: \$175 each

Refund Conditions:

1. Individual Sessions (1 to 4):

- No refund is provided for individual sessions once purchased.

2. Package of 5 Sessions:

- If you have purchased a package of 5 sessions at \$225 each and have completed fewer than 5 sessions, you will be refunded the cost of the uncompleted sessions at the per-session rate of \$250.
- Example: If you complete 3 sessions, you will be charged \$250 per session for those 3 sessions (\$750 total), and the difference will be refunded.

3. Package of 10 Sessions:

- If you have purchased a package of 10 sessions at \$200 each and have completed fewer than 10 sessions, your refund will be adjusted based on the 5-session package rate of \$225 each.
- Example: If you complete 5 sessions, you will be charged \$225 per session for those 5 sessions (\$1125 total), and the difference will be refunded.



4. Package of 20 Sessions:

- If you have purchased a package of 20 sessions at \$175 each and have completed fewer than 20 sessions, your refund will be adjusted based on the 10-session package rate of \$200 each.
- Example: If you complete 10 sessions, you will be charged \$200 per session for those 10 sessions (\$2000 total), and the difference will be refunded.
- If you complete between 5 and 9 sessions, your refund will be based on the 5-session package rate of \$225 each.
- If you complete fewer than 5 sessions, your refund will be based on the individual session rate of \$250 each.

Refund Process:

- To request a refund, please contact our customer service team at 714-270-2615 with your purchase details and the number of sessions completed.
- Refunds will be processed within 14 business days of receiving your request.
- Refunds will be issued to the original method of payment.

Exceptions:

- Refunds are not available for sessions that have already been completed.
- This refund policy applies only to unused sessions. Any promotional discounts, sales or special offers are non-refundable and non-transferable.

We appreciate your understanding and look forward to continuing to serve your needs. If you have any questions or concerns about our refund policy, please do not hesitate to contact us.

Client's Full Printed Name: _____

Client's Signature: _____

Date: _____



INSURANCE

Medicare or Private Insurance **does not** generally cover Hyperbaric Oxygen Therapy (HBOT). Any arrangement between an 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: _____



RIGHT TO REFUSE SERVICE POLICY

At Thrive Hyperbarics, we are committed to providing exceptional care and a safe environment for all our clients. We strive to ensure that our hyperbaric oxygen therapy services meet the highest standards of quality and professionalism. While we are dedicated to serving each individual's wellness needs, we also recognize the importance of maintaining a harmonious and safe atmosphere for all our clients and staff.

This "Right to Refuse Service" policy outlines the circumstances under which Thrive Hyperbarics reserves the right to refuse service to a client. By signing below, you acknowledge and understand our policy.

Refusal of Service Criteria:

1. **Health and Safety:** Thrive Hyperbarics may refuse service if providing hyperbaric oxygen therapy to a client would pose a risk to their health and safety or the health and safety of others present in the clinic.
2. **Disruptive Behavior:** We may refuse service if a client engages in disruptive, disrespectful, or harmful behavior that could negatively impact the well-being or experience of other clients or our staff.
3. **Non-Compliance:** If a client fails to comply with our safety guidelines, instructions, or treatment protocols, we reserve the right to refuse further service to ensure the best outcomes for all clients.

Anti-Discrimination Commitment:

Thrive Hyperbarics adheres to all applicable anti-discrimination laws and regulations. We do not discriminate against any individual based on race, color, religion, national origin, gender, age, disability, or any other protected characteristic.



Sincerely Held Beliefs:

We respect the diversity of beliefs and opinions held by our clients. However, we also strive to provide a safe and inclusive environment for all. Thrive Hyperbarics reserves the right to refuse service if accommodating a specific belief would compromise the health and well-being of the client or others.

Process of Refusal:

In the event that Thrive Hyperbarics determines that the criteria for refusal of service are met, we will take the following steps:

1. We will communicate our decision to the client in a respectful and professional manner.
2. We will explain the reasons for the refusal of service based on our policy.
3. We will provide information about alternative options, if available and appropriate.

By signing below, I acknowledge that I have read, understood, and agree to Thrive Hyperbarics' Right to Refuse Service Policy.

Client's Full Printed Name: _____

Client's Signature: _____

Date: _____