

INFORMED CONSENT FOR HYPERBARIC OXYGEN THERAPY

_____ If at any time, I have any of the following conditions, I understand that hyperbaric oxygen treatment is not recommended for that day, until the condition resolves:

- Sinusitis or sinus congestion
- Ear pain and/or otitis
- Difficulty getting into or out of the chamber
- Difficulty lying down for 60 minutes
- Frequent, urgent urination or frequent diarrhea

_____ I understand that it is my responsibility to inform the staff if I have any of the above conditions, prior to entering the chamber.

_____ I have truthfully answered all medical questions and revealed all known medical issues, treatments and medications to the clinic staff.

_____ I understand no therapeutic outcomes as a result of this treatment can be guaranteed.

_____ I have been shown how to call/alert office staff while inside the chamber and agree to communicate any changes that occur in my health or wellbeing while receiving and immediately following treatment.

_____ I acknowledge the consulting physician has reviewed the information I have provided and has approved use of the hyperbaric chamber. However, I am under no obligation to receive this treatment.

_____ I acknowledge there is a strictly enforced 24-hour cancellation policy. All scheduled sessions not canceled 24 hours in advance to the scheduled treatment could result in a cancellation fee.

_____ I understand modifying/attempting to modify any component/part of the hyperbaric chamber, the mechanics or devices inside of the machine or accessories is strictly prohibited and may result in injury.

Having been clearly informed of treatment risks, procedures and my responsibility as a patient I willfully consent to treatment in the hyperbaric chamber.

Patient Printed Name

Patient Signature

Date

I, Dr. _____ have verified that this patient is capable of entering and exiting the chamber with only mechanical support, without need for human assistance.

Doctor's signature

Date