



CLIENT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date Of Birth: _____ Age: _____

Male: _____ Female: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact

Name/Relationship: _____

Phone: _____

Known Allergies: (food, drugs, Vaccines, an/or environmental): _____

What is your primary reason for coming to Hyperbaric PLUS 2? _____

How did you hear about Hyperbaric PLUS 2? _____

INFORMED CONSENT FOR HYPERBARIC OXYGEN TREATMENT

I _____ hereby request and give consent to Hyperbaric PLUS 2, LLC to the staff and specifically Dr. Matt Mannino to provide Hyperbaric Oxygen therapy for the following condition(s):

I understand and agree that the use of HBOT is controversial and experimental for some conditions. For the conditions listed above, only a minority of the medical community views HBOT as an acceptable treatment option. I believe that HBOT has the potential to improve my health and quality of life. I have done my due diligence in researching other treatment options for the above condition(s).

I understand that the benefits of HBOT are much greater if I follow a healthy lifestyle including proper diet, nutrition and exercise. I understand that this therapy consists of treatment in a chamber that exposes my entire body to oxygen up to three times the normal atmospheric pressure. I have been informed that HBOT frequently involves multiple weekly treatments and some conditions may require many more treatments to realize the full potential of benefits. I understand that it is my option to stop this treatment at any time without incurring any further expense after I have directed that such treatments be stopped.

I understand and agree that it is necessary to strictly adhere to the technician instructions to maintain safety throughout my time of HBOT. I understand and agree that treatments will be limited to not more than 1, one hour session per day. I understand that past medical history of spontaneous collapsed lung, bleb or bullae on a lung, air trapped in a lung, or inability to equalize pressure in the ears can increase the risk of complications during HBOT. I understand that the potential for complications can be minimized by my adherence to the instructions provided by the staff.

I have read and understand the HBOT PRE AND POST guidelines that were provided to me. I understand that fire prevention is a major concern and that my strict adherence to the HBOT safety guidelines is essential for my safety and the safety of others. I understand and agree that under no circumstances will I bring matches, lighters or any combustible or incendiary devices into the HBOT chamber.

I understand and agree that Hyperbaric PLUS 2, LLC does not accept medical insurance for treatments. I understand and agree the costs for HBOT therapy may not be reimbursed by my medical insurance.

I agree that there have been no warranties, assurances or guarantees of successful treatment made to me. I have considered the alternatives (including my right to decline HBOT at any time) I have read and understand the information contained in this document and the information provided to me through conversations with and literature provided by Hyperbaric PLUS 2, LLC. I have had the opportunity to question the staff at Hyperbaric PLUS 2, LLC with respect to HBOT and the procedure utilized and all my questions have been answered to my full satisfaction. I understand the potential risks of HBOT and I believe the potential benefits outweigh the potential risks. Therefore, I request that HBOT be provided to me.

I have read this consent and I am fully aware of the potential risks associated with Hyperbaric Oxygen Therapy (HBOT) and agree to undergo treatment provided at Hyperbaric PLUS 2, LLC.

Client Name (please print)

Date

Client Signature

Witness

Before, During and After Your Hyperbaric Chamber Appointment

BEFORE

- Please wear comfortable loose-fitting cotton or cotton type clothing; gym clothes
- Little to no makeup, perfumes, lotions, skin oils of any kind
- Please wear socks
- Remove All jewelry, earrings, necklaces, bracelets, watches, loose coins, wallets, purses, wigs, hairpieces
- All lighters, matches, hearing aids, and other medical devices need to be removed

DURING

- If desired, a tablet and headphones will be provided containing breathing exercises and meditations
- You may want to take this time to just RELAX; one hour in the hyperbaric chamber is the equivalent to 4 hours of sleep!

AFTER

- Do not fly or drive to a higher altitude within 12 hours after completing your hyperbaric treatment
- Do not smoke at least two hours after receiving a treatment

***IMPORTANT*:** HBO Treatment is contraindicated with the following and maybe denied if:

- **You are taking the following medications:** Bleomycin, Disulfiram, Mafenide Acetate. If you are taking any medications, it is best to consult with your Doctor before taking any hyperbaric treatments
- **You have or suspect the following conditions:** COPD, Hereditary Spherocytosis, Sickle Cell Anemia
- **You are experiencing the following symptoms and/or conditions:** emphysema, asthma, chest or ear surgery, lung bullae or bleb, collapsed lung, chronic bronchitis or an acute viral infection such as a bad cold or flu.
- **You have had any recent dental work;** especially fillings, within the last 48 hours

Missed Appointment Policy

Please notify us within 60 minutes of your schedule appointment if you need to cancel or reschedule. Otherwise, you will be assessed that appointment as attended.

I have read, understand and agree to the requirements of these pre and post guidelines of hyperbaric treatment and conduct as a client.

Print name _____

Signature _____

Date _____