

Oxygen4Life—Hyperbaric Oxygen Therapy



Consent & Contra-Indications Form for Hyperbaric Oxygen Treatment – HBOT

I, _____ (patient's name)

hereby authorise the Oxygen4Life and Inspiring Choices Health Clinic and their associated health care staff to provide Hyperbaric Oxygen Treatment (HBOT).

I will be administered hyperbaric therapy as an integrative management for the following condition(s):

Condition 1 _____ 2 _____

Condition 3 _____ 4 _____

1 I understand and have been explained the process involved in the procedure, its risks, and the potential side effects of hyperbaric oxygenation. I understand that hyperbaric oxygen is considered the primary therapy for several conditions and is accepted by the American College of Hyperbaric Medicine, however, the therapy to which I will be treated for may be characterised as "investigational" and not generally accepted as effective by the medical community.

2 I have been informed of and understand the potential side effects of hyperbaric oxygen therapy, including but not limited to:

A – Barotrauma to the ears and /or sinuses; otitis (fluid in the ears) I may feel discomfort in my ears and / or sinuses due to increased pressure and that techniques to alleviate it will be demonstrated by the health care staff. (similar to airplane flight)

B – Pneumothorax – Over pressurisation (never seen at this centre) due to decompressions are slowly and carefully timed to prevent this from occurring and that I should breathe in a relaxed manner at all times and not hold my breath during decompression.

C – Confinement Anxiety (claustrophobia) – I may feel claustrophobic.
(mild Rx for some)

D – Oxygen Toxicity Seizures – A rare risk of oxygen toxicity and understand that treatment protocols will be determined to prevent this from happening.
(only 6 out of 30,000 Txs)

E – Temporary Visual changes (nearsightedness) – There is a possibility of temporary visual changes.
(need for reading glasses disappears, temporarily)

F – Fire hazard (extremely remote possibility) – removal of all materials with potential risk of fire hazard.

G – Free radical production is generated as a natural by-product of metabolism, and are increased with increased Oxygen. As the exposure in clinical HBOT protocols is rather brief (2hr/day) studies show that antioxidant defences are adequate so that biochemical stresses related to increases are reversible. Silica Anhydride is a natural antioxidant we recommend as free radical scavenger during the HBOT treatment.

I, hereby verify that neither the Oxygen4Life, the Inspiring Choices Health Clinic or one of its collaborative Health care providers have NOT made any promises or assurances to me regarding the HBOT that I agree to in respect to its efficacy in curing or alleviating any condition for which I will be treated.

By signing this document below I constitute my full agreement and understanding of the foregoing and that I am fully satisfied with the information provided to me by the physician/physician assistant onsite and thoroughly understand the information provided and hereby agree to be treated with Hyperbaric Oxygen Treatments.

Patient's/Guardian's Signature X _____ Date _____

Please add digital signature here

Witness Signature X _____ Witness Name _____

Please add digital signature here

Oxygen4Life—Hyperbaric Oxygen Therapy



Consent & Contra-Indications Form
for Hyperbaric Oxygen Treatment – HBOT

Contra-Indications Form – HBOT, for treatments at 2.0 ATA and below

PATIENT NAME _____ DATE _____

ADDRESS _____

Contact Ph _____ Contact Email _____ @ _____

Would you like to receive or current updates by email? Y N

Please read this list and discuss the details with your doctor:

Circle the appropriate answers and sign below – THIS IS NOT A REFERRAL DOCUMENT.

The Q & A's asked relate to the patient's compatibility to be treated in our HBPT chamber.

1. Are you currently taking, or have taken, *Bleomycin* in the last 12 months? Y N
2. Are you currently taking, or have taken, *Cisplatin* in the last 12 months? Y N
3. Are you currently being treated, or have been treated, with Chemotherapy in the last 6 months? Y N
4. Have you taken *Doxorubicin (Adriamycin)* within the last 3 days? Y N
5. Have you ever suffered a Spontaneous Pneumothorax or complications/conditions as a result of a Pneumothorax? Y N
6. Do you suffer from Claustrophobia or Confinement Anxiety? Y N
7. Do you have difficulty clearing your ears when swimming or flying? Y N
8. Have you been diagnosed with COPD (Chronic Obstructive Pulmonary Dysfunction)? Y N
9. Have you been diagnosed as having Emphysema with CO₂ retention? Y N
10. Are you currently suffering from, or are you susceptible to high fevers? Y N
11. Do you have any implanted devices (such as cardiac Pacemaker, Intrathecal Pump, Defibrillator or Porta Cath)?
12. Do you have Colostomy or Ileostomy bag? Y N
13. Do you currently have any temporary dental caps, unfinished root canals or fillings? Y N
14. Are you diabetic or do you suffer from Hypoglycaemia? Y N
15. HBOT reduces Hypoglycaemic Index, will insulin management be required during HBOT? Y N
16. Do you have high blood pressure? Y N
17. Have you had more than 50 HBOT treatments in the last 50 Months? Y N
18. Have you had or suffered from any type of seizures or epileptic events? Y N
19. Are you, or is there any possibility you may be pregnant? Y N
20. Have you had an incidence of Pulmonary Barotrauma? Y N
21. Do you Suffer from any type of sinus condition? Y N
22. Are you currently taking steroids (e.g. *Prednisolone*)? Y N
23. Has your Doctor prescribed any medications for you? Y N
please provide a list _____
24. Are you taking any pharmaceutical or complementary medications? Y N
please provide a list _____
25. Do you suffer from any pulmonary or neurological conditions? (e.g. Fibrosis, Chest Trauma, Stroke or Head Injury? Y N
26. Are you asthmatic? Y N

Our purpose is to provide safe and effective treatment following our orientation sessions supported by our collaborative health care professionals.

Patient Signature X _____ Date _____
Please add digital signature here

Doctor's Name _____	Doctor's Signature X _____ <small>Please add digital signature here</small>
Phone _____	Email _____ @ _____