Phone 425-644-7999 Address: 2005 152nd Ave NE Redmond, WA 98052 wahyperbarics@gmail.com

CONTACT INFORMATION FORM

Client Name	
Date of Birth	
Diagnosis	
Patient's Address	
Home phone	
Mobile Phone	
Work Phone	
E-mail address	
Emergency Contact Name	
Emergency Contact Relationship to Patient	
Emergency Contact Address	
Emergency contact phone	
How did you hear about us?	

Washington Hyperbaric Therapy Center LLC

2005 152nd Ave NE, Redmond WA 98052 Phone 425-644-7999 Fax 425-456-0106

INFORMED CONSENT FOR HYPERBARIC TREATMENT

1. I, _____hereby authorize Washington Hyperbaric Therapy Center, LLC, or such assistants as he or she may designate, to treat me with hyperbaric oxygen therapy for the diagnosis of _____.

2. The procedures and reason(s) for it have been explained to me; including the risks and benefits of the procedure, the availability, and benefits of alternate modes of treatment, and the possibility of complications. I understand that I shall lie on a stretcher or sit in a hyperbaric chamber and breathe oxygen at greater than normal atmospheric pressure. I understand that each treatment will be for a prescribed amount of time and treatment may be terminated at any time.

3. I have also been made aware that possible risks and side effects of hyperbaric oxygenation include, but are not limited to:

a. **Barotrauma or pain in the ears or sinuses** I I may experience pain in the ears or sinuses, I also understand that if I am not able to equalize my ears of sinuses that pressurization will be slowed or halted and suitable remedies will be applied.
b. **Cerebral Air Embolism and Pneumothorax** Whenever there is a rapid change in the ambient pressure there is a possibility of rupture of the lungs with escape of air into the arteries or into the chest cavities outside the lungs. This can only occur it the normal passage of air out of the lungs is blocked during decompression. Only slow decompressions are used in hyperbaric oxygen treatment to obviate this possibility.
c. **Oxygen toxicity** The risk of oxygen toxicity has been explained to me and will be minimized by never exposing me to greater pressure or longer times than are known to be safe for the body and its organs.
d. **Risk of fire** With the use of oxygen in any form there is always a risk of fire, but strict precautions have been taken to prevent this and all applicable codes have been complied with.
e. **Risk of worsening of near-sightedness** (Myopia)After twenty or more treatments, especially if I am over forty, it is possible I may experience diminution in my ability to see things far away. I understand that this is usually temporary and that in the majority of patients, vision returns to its pre-treatment level six weeks after the cessation of therapy. I understand that it is not advisable to get a new prescription for my glasses until at least eight weeks have passed after hyperbaric therapy.
f. **Maturing of Ripening Cataracts** In individuals with cataracts it has occasionally been demonstrated that there may be a maturing or ripening of the cataract.
g. **Temporary Improvement in Far-sightedness** (Presbyopia)After twenty or more treatments, especially if I am over forty, there is a possibility that I may experience

an improvement in my ability to see things close by or to read without reading glasses. I understand that this is temporary and that in the majority of patients, vision returns to it's pre-treatment level about six weeks after the cessation of therapy. I have been cautioned not to be fitted for new eyewear prescriptions for eight weeks after the end of my treatments.

h. **Numb fingers** A small portion of patients sometimes notice a numb feeling in the fourth and fifth fingers of the hands after twenty or more treatments. This should not be a concern and should disappear in about six weeks following cessation of therapy.
i. **Serous Otitis** Fluid in the ears sometimes accumulates as a result of breathing high concentrations of oxygen. I may occasionally feel like I have a "pillow in my ear". This disappears after hyperbaric treatment ceases and often can be eased with decongestants.
j. **Fatique** Some people may subjectively feel fatique following hyperbaric treatment, but this is not a consistent feeling.

4. I hereby authorize Washington Hyperbaric therapy Center LLC. or their employees to take medical photographs for the purposes of teaching or publication. I also understand that I will not be identified by name and that my anonymity will be preserved in any presentation of publication.

5. I am aware that the practice of medicine and surgery is not an exact science and I have been made no promises or guarantees as to the results of hyperbaric oxygen therapy.

6. I have been informed by the staff of Washington Hyperbaric Therapy Center LLC. that smoking cigarettes , pipes, cigars, or any other form of tobacco, and the chewing of tobacco products, will result in the ingestion of chemicals into the body which may affect the efficacy and success of hyperbaric treatment. I have been specifically told not to smoke during the entire duration of treatment. I hereby agree to urine or blood testing for the presence of nicotine or carbon monoxide in my system.

7. I consent to the release of information and/or disclosure of any part of my medical record by any physicians, hospital, accreditation, oversight review or regulatory organization responsible for monitoring or evaluation of health facilities, as well as any other facility of which I have been a client.

My signature below constitutes acknowledgement that I have read and agree to the foregoing and the physician has satisfactorily explained Hyperbaric Oxygen Therapy to me, and that I have all the information that I desire. I hereby understand that I am entering into hyperbaric treatment at my own risk. I hereby give my authorization and consent to the performance of hyperbaric oxygen therapy by Washington Hyperbaric Therapy Center LLC.

_____ _____

Signature of Patient or Authorized Representative Date

_____ _____

Witness to Signature Date

Washington Hyperbaric
Therapy Center LLC
2005 152nd Ave NE, Redmond WA 98052 Phone 425-644-7999 Fax 425-456-0106

Cancellation Policy

Washington Hyperbaric Therapy Center LLC reserves the right to cancel a patient's appointment or therapy at any time.

If a patient wishes to cancel an appointment or therapy, a minimum of 24 hours before the scheduled time is required. **The full price of therapy will be charged if this policy is not met.**

I understand that I must give a *minimum of 24 hours* notice before the scheduled appointment to cancel my therapy in order to make up for the treatment cancelled.

_____
Patient/Guardian Signature

Date _____

Washington Hyperbaric Therapy Center LLC

HEALTH HISTORY

Patient Name: _____Gender ☐ Male ☐ Female Today's Date_____

Age_____ Birth date _____ Date of Last Physical _____

Reason for Visit

_____

SYMPTOMS – *Please check all symptoms you have had in the last year*

GENERAL
- ○ Allergies
- ○ Chills
- ○ Fainting
- ○ Fever
- ○ Headache
- ○ High Blood Pressure
- ○ Nervousness
- ○ Numbness
- ○ Weakness

GENITO-URINARY
- ○ Blood in urine
- ○ Lack of bladder control

GASTROINTESTINAL
- ○ Nausea
- ○ Vomiting

CARDIOVASCULAR
- ○ Chest pain/angina
- ○ High blood pressure
- ○ Irregular heart beat

RESPIRATORY
- ○ Persistent cough
- ○ Shortness of breath

EYE, EAR, NOSE & THROAT
- ○ Ear Pain
- ○ Sinus problems
- ○ Stuffy nose
- ○ Visual flashes or halo

MUSCLE/JOINT/BONE

Pain, weakness, numbness in:
- ○ Arms
- ○ Back
- ○ Legs

CONDITIONS – *Check conditions you currently have/had in the past*

- ○ Anemia
- ○ Arthritis
- ○ Asthma
- ○ Bleeding Disorder
- ○ Blood Clots
- ○ Cancer
- ○ Emphysema/COPD
- ○ Epilepsy
- ○ Heart Disease
- ○ High Blood Pressure
- ○ Stroke