

SOUTH COAST HYPERBARIC CENTER

AT THE CENTER FOR NEW MEDICINE

PATIENT NAME: _____ DATE: _____

ADDRESS: _____

PHONE NUMBER: _____ CELL PHONE: _____

DOB: _____ SEX: M ___ F ___ HEIGHT: _____ WEIGHT: _____

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

PHYSICIAN NAME: _____

WHAT IS YOUR DIAGNOSIS? _____

HAVE YOU UNDERGONE HYPERBARIC TREATMENT BEFORE? *IF YES, EXPLAIN:*

IS THERE ANY CHANCE OF YOU BEING PREGNANT? _____

HOW DID YOU HEAR ABOUT US? _____

E-MAIL ADDRESS: _____

DO YOU SUFFER FROM? *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			SEIZURES		
STROKE			ASTHMA		
EMPHYSEMA			PNEUMOTHORAX		
HEART ATTACK			ANGINA		
PROSTHESIS			HYPERTENSION		
COLOSTOMY			LIEOSTOMY		

DO YOU TAKE ANY OF THE FOLLOWING DRUGS?

	YES	NO		YES	NO
DOXORUBICIN			CISPLATIN		
ANDRIAMYCIN			MAFENIDE ACETATE		
DISULFIRAM			SULFAMYLLON		
ANTABUSE					

SOUTH COAST HYPERBARIC CENTER

AT THE CENTER FOR NEW MEDICINE

PERSONAL ITEMS:

FOR YOUR CONVENIENCE LOCKERS ARE PROVIDED FOR YOUR PERSONAL ITEMS. SOUTH COAST HYPERBARIC CENTER IS NOT RESPONSIBLE FOR LOST OR MISPLACED ITEMS.

INITIALS: _____

MISSED APPOINTMENTS:

WE VALUE YOU AS A CLIENT AND WILL GO THE EXTRA MILE TO ACCOMMODATE YOUR SCHEDULING NEEDS TO THE BEST OF OUR ABILITY. PLEASE EXTEND US THE SAME COURTESY BY LETTING US KNOW IF YOU WILL NOT BE ABLE TO MAKE A SCHEDULED APPOINTMENT. REPEAT OFFENDERS MAY INCUR A CHARGE OF \$50.00 AT OUR DISCRETION.

INITIALS: _____

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 PRIOR** TO YOUR TREATMENT AS WELL AS **FOUR HOUR 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.
- ❖ PLEASE WEAR SOCKS. NO BARE FEET!
- ❖ 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 BEFORE GOING IN THE CHAMBER TO PRESERVE THE INTEGRITY OF THE FILLINGS.
- ❖ **DO NOT SMOKE** AT LEAST FOUR HOUR PRIOR TO YOUR TREATMENT.
- ❖ DO NOT **FLY** OR **DRIVE** TO A HIGHER ALTITUDE WITHIN 12 HOURS OF COMPLETING YOUR LAST HYPERBARIC TREATMENT.

INSURANCE:

MEDICARE OR PRIVATE INSURANCE **DOES NOT** GENERALLY COVER HBOT. ANY ARRANGEMENT BETWEEN 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.

INITIALS: _____

PATIENT SIGNATURE: _____ DATE: _____

SOUTH COAST HYPERBARIC CENTER
AT THE CENTER FOR NEW MEDICINE

INFORMED CONSENT FOR HYPERBARIC OXYGEN TREATMENT

I HEREBY AUTHORIZE SOUTH COAST HYPERBARIC CENTER 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 JUDGEMENT DEEM NECESSARY.

THE PHYSICIAN OR A STAFF MEMBER HAD 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

PULMONARY OVER PRESSURE SYNDROME

OXYGEN TOXICITY

CHANGES TO MY VISUAL ACUITY

CLAUSTROPHOBIA

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: _____

SOUTH COAST HYPERBARIC CENTER

AT THE CENTER FOR NEW MEDICINE

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 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 & SORE EARS FOR SEVERAL DAYS. HYPERBARIC TREATMENTS SHOULD BE PAINLESS.

YOUR EARS MAY DO SOME FUNNY THINGS WHILE YOU ARE UNDERGOING TREATMENTS IN THE HYPERBARIC CHAMBER. YOU MAY EXPERIENCE SOME OR ALL OF THE FOLLOWING:

- ❖ 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 PRIOR TO YOUR NEXT TREATMENT. WE WILL EXAMINE YOUR EARS TO RULE OUT ANY PROBLEMS, AND ADMINISTER EAR DROPS IF NEEDED.

- ❖ A FULLNESS 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 & ARE ABLE TO RECEIVE ALL THE WONDERFUL BENEFITS FROM RECEIVING HYPERBARIC OXYGEN THERAPY!