

Nature's Healers Patient Intake Form

Patient Name _____ Date of Birth _____

Phone # _____ Email: _____

How did you hear about us? _____

Past Medical History (health issues)

Diabetic? (Circle: Yes or No) Watch for low blood sugar during/ after treatment.

History of hemolysis or Hemolytic disease? (Circle: Yes or No)

Surgeries

Allergies

Medications

Symptoms/Reason for wanting treatment

Emergency Contact with Phone number

Patient Name _____

Any of the following potential contraindications (circle any that apply)

- Untreated Pneumothorax (only absolute contraindication)
- Pregnancy (in some cases, women are able to receive treatments using mild HBOT)
- History of seizures
- Congenital spherocytosis- a genetic disorder of the red blood cell membrane
- Current Upper respiratory infection
- Severe sinus issues/infections
- Severe emphysema and chronic obstructive pulmonary disease (COPD)/active asthma- patients with either of these conditions may have trouble breathing due to a decrease of CO₂
- Recent Bleomycin use - a chemotherapy agent used for treating certain types of cancer
- Cis-Platinum- a chemotherapy agent used for treating certain types of cancer
- Disulfiram (Antabuse)- a medicine used to treat chronic alcoholism
- Doxorubicin (Adriamycin)- a medicine used in cancer chemotherapy
- Sulfamylon (mafenide)- a topical cream used to prevent infection in burn patients. Wipe off before the HBOT treatment
- Claustrophobia- while the chamber is very roomy (like being inside a tent) some people find that they become uncomfortable with the confinement
- Implanted devices should be pressure tested to determine their safety and ability to function in a high pressure environment. Most are tested to 4 ATA but check with manufacturer
- Chronic ear issues, Eustachian tube dysfunction
- Recent eye surgery
- History of Thoracic surgery can increase risk of atelectasis and pneumothorax
- History of spontaneous pneumothorax

Patient Name _____

Informed Consent

- I will be getting treatment with hyperbaric oxygen for the above listed symptoms/conditions. I state that I do not have any of the above contraindications OR I have a relative contraindication (circled) which has been discussed and the benefit of treatment outweighs the risk
- I understand that hyperbaric oxygen therapy may not improve my condition/symptoms for wanting treatment.
- I understand that high and low blood pressure are not contraindications for getting in the chamber and that my vital signs will not be routinely monitored.
- I understand that if I'm late to an appointment, my time in the chamber may be shortenedP

Signed

_____ Date _____

Patient or Patient's Guardian

Signed

_____ Date _____

Witness