



Dr. Megan Mullin
PHYSICAL THERAPY

HYPERBARIC OXYGEN THERAPY CONSENT FORM

I, _____ hereby consent and authorize staff at to administer hyperbaric oxygen therapy (HBT) to me. In doing so, I hereby acknowledge the following:

- I understand HBT is FDA cleared the following 15 medical conditions: ***Decompression sickness, gas embolism, CO & cyanide poisoning, selected aerobic and anaerobic soft tissue infections, gas gangrene, osteomyelitis, intracranial abscess, management of fungal disease, radiation injury to tissue, exceptional blood loss/anemia, crush injury/compartment syndrome, ischemia reperfusion injuries, skin grafts and flaps, healing in selected problem wounds thermal burns, sudden idiopathic sensorineural hearing loss, altitude sickness.***
 - **OFF LABEL USE:** If I am using HBT for any medical condition outside of the FDA cleared indications listed above, the FDA considers this to be off label. FDA does not recommend using off-label HBT, particularly if it is being used as first line therapy or in replacement of an FDA approved treatment. Additionally, this requires a signed physician form/prescription from my doctor to undergo HBT for my condition. **Initial:** _____
 - **GENERAL HEALTH & WELLNESS:** If I am using HBT for general health and wellness, I understand that I am NOT using it to treat ANY medical condition, but only as an aid to help improve my physiological oxygen levels, with the goal of helping to improve my general well-being. Furthermore, I understand this requires a Hyperbaric Fitness assessment to ensure that I am "fit" for undergoing hyperbaric therapy signed by a healthcare provider. **Initial:** _____
- I have been given the opportunity to ask any question I might have regarding HBT and/or OT (oxygen therapy), and the staff has answered all my questions.

• I have informed the staff of my current health status, all current medications, and therapies, and I agree that it is my responsibility to keep the staff aware of any changes in my condition, medication, or therapies, for EVERY SESSION. **Initial:** _____

- I have been informed that I may refuse treatments at any time, or even terminate a treatment while in the chamber, and exit the chamber in minutes.
- I will follow the instructions of the hyperbaric chamber staff and I will inform the staff of ALL concerns during the treatment, including but not limited to; *pain, nausea, diarrhea, dizziness, visual changes, ringing or other noises in the ears, unusual smells, fear or anxiety reaction, unusual sweating, changes in heart rhythm, hiccups, chest pain, faintness, mood changes, difficulty breathing, or any discomfort.*

• I have read and understand the FAQ and will comply with its instructions. **Initial:** _____

- The benefits of HBT may be much greater if I follow a healthy lifestyle, which includes non-smoking, weight control, exercise, proper nutrition, and stress management.

• **Potential Risks** of HBT: Ear drum/sinus discomfort, damage or pain, reversible myopia or changes in vision, fatigue, confinement anxiety/ claustrophobia, collapsed lung/pneumothorax, lung damage, fluid accumulation in lungs from pressure, heart failure, blood sugars may drop in diabetics, cataract maturation. **Initial:** _____

- If any unforeseen conditions arise during this treatment, I do hereby authorize/request the staff to perform such additional procedures and/or to render such treatments as may be deemed necessary at that time.

CLIENT NAME _____ DATE _____

Client Signature

Witness