

**Welcome!**

Thank you for choosing to work with Oxy Health Therapy We will strive to provide you with the best possible service. To help us meet all of your needs, please take some time and fill this form out completely. If you have any questions or need clarification, please ask at the reception desk. We will be happy to assist you.

## Oxy Health Therapy

### INITIAL PATIENT INFORMATION FORM

Tell the staff immediately if you are taking the following medications:

**Bleomycin, Disulfiram, Mafenide Acetate**

Tell the staff immediately if you have or suspect you have:

**Hereditary Spherocytosis, Sickle Cell Anemia, COPD**

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (including zip code): \_\_\_\_\_

Birth Date: \_\_\_\_\_ Email: \_\_\_\_\_

If minor, Parent or Legal Guardian Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you currently under a doctor's care? Yes No

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

- I give permission to Oxy Health Therapy to leave a phone message or email on my answering machine or voicemail/email. Initials \_\_\_\_\_
- I understand that if I am late for an appointment, my treatment time may be reduced, as other patients' appointment times will not be altered due to my delayed arrival. Furthermore, if I do not come to an appointment, and have failed to give adequate notice to the clinic, it may be counted as one of my appointments regardless. Initial \_\_\_\_\_

## Oxy Health Therapy

**How did you hear about us?**

Friend (who?) \_\_\_\_\_ Seminar (where?) \_\_\_\_\_ Internet \_\_\_\_\_  
Flyer (where?) \_\_\_\_\_ Other (please explain) \_\_\_\_\_

The undersigned hereby grants a private license to Oxy Health Therapy to provide mild hyperbaric therapy and /or mHBOT (Mild Hyperbaric Oxygen Therapy) to the undersigned. The undersigned acknowledges that H3 Therapy Services, Inc. does not claim to prevent, treat, nor cure any condition. Oxy Health Therapy does not provide diagnosis, care, treatment or rehabilitation of individuals, nor do they or their agents apply medical, mental health or human development principles, but rather mild hyperbaric therapy technology that may benefit the undersigned.

The undersigned acknowledges giving informed consent to the services that will be provided. The undersigned hereby releases Oxy Health Therapy and their agents from all claims and liabilities arising from the use or misuse of hyperbaric therapy indemnifying and holding institute and its agents harmless from all claims and liabilities wherefrom, whatsoever.

I (print name) \_\_\_\_\_ have read, fully understand, and consent to treatments in the mild hyperbaric therapy chamber. I have also completed the health questionnaire which accompanies this consent form, and I agree to hold Oxy Health Therapy harmless from any blame or issues regarding hyperbaric therapy services provided by Oxy Health Therapy.

**Although mild hyperbaric therapy has been reported to be beneficial for a wide range of conditions, an outcome of cure cannot be guaranteed. We do not; in any way recommend our therapies as substitute for any medical treatments prescribed by your physician.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please tell us some of your top goals and/or concerns that you are wanting to treat with hyperbaric therapy: \_\_\_\_\_

Thanks!

**Oxy Health Therapy**  
12827 140 Ave.  
Edmonton, Alberta T6V1P1

**Notice of Privacy Practice Summary-HIPAA**

This summary discloses how health information about you may be used.

**Oxy Health Therapy will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.**

Oxy HealthTherapy may use your information to provide appointment reminders, information about treatment alternatives or other health-related issues.

You may complain to the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

Oxy HealthTherapy must maintain the privacy of protected health information, provide you with notice of its legal and privacy practice with respect to your health information, abide by the terms of the notice, notify you if it was unable to agree to the requested restriction on how your information is used or disclosed, accommodate reasonable requests you may make to obtain your written authorization to use or disclose your health information for reasons other than those listed above and permitted under law.

I have read and fully understand the above information.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_

## **Oxy HealthTherapy**

(Circle choice)

1. Y/N Have you had ear problems in the last 5 years?
2. Y/N Do you have any ear problems when you fly?
3. Y/N Do you have any problems going up/down in an elevator?

4. Y/N Do you have back pain?
5. Y/N Do you feel that you have claustrophobia issues?

**Do you currently have any ear, sinus or throat congestion, ear infections, head colds or have you had any prior trauma to your ears?** Please circle **YES** **NO**

Do you have or have you had any of the following (add year if not currently)

Check Box Only If <b>YES</b>	Check Box Only If <b>YES</b>	Check Box Only If <b>YES</b>
<input type="checkbox"/> Acute Respiratory Illness <input type="checkbox"/> AIDS or HIV Infection <input type="checkbox"/> Anemia <input type="checkbox"/> Angina <input type="checkbox"/> Anxiety <input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Back Pain <input type="checkbox"/> Cancer <input type="checkbox"/> Chemical Sensitivity <input type="checkbox"/> Chest Pains <input type="checkbox"/> Chronic Bronchitis <input type="checkbox"/> Chronic Fatigue (CFS) <input type="checkbox"/> Claustrophobia <input type="checkbox"/> Diabetes – Insulin Dependent <input type="checkbox"/> Emphysema <input type="checkbox"/> Fainting/Seizures <input type="checkbox"/> Fever Related Seizures <input type="checkbox"/> Fibromyalgia	<input type="checkbox"/> Frequent Ear Infections <input type="checkbox"/> Frequently Tired <input type="checkbox"/> Glaucoma <input type="checkbox"/> Hay Fever/Allergies <input type="checkbox"/> Hepatitis/Jaundice <input type="checkbox"/> Heart Attack <input type="checkbox"/> Heart Disease <input type="checkbox"/> Heart Murmur <input type="checkbox"/> Heart Problems <input type="checkbox"/> Herpes <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Infections (frequent) <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Leukemia <input type="checkbox"/> Liver Disease <input type="checkbox"/> Low Blood Pressure <input type="checkbox"/> Lung Disease <input type="checkbox"/> Lung Infection (frequent) <input type="checkbox"/> Malignant Disease	<input type="checkbox"/> Mitral Valve Prolapse <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Neurological Disease <input type="checkbox"/> Radiation Therapy If yes, When? _____ <input type="checkbox"/> Recent Weight Loss <input type="checkbox"/> Respiratory Problems <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Ringing in the Ears <input type="checkbox"/> Rosacea <input type="checkbox"/> Seizure Disorders <input type="checkbox"/> Stomach Problems/Ulcers <input type="checkbox"/> Stroke <input type="checkbox"/> Swelling <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Thyroid Problems <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Other: _____

The technologies, known as mHBOT (mild Hyperbaric Oxygen Therapy) have been reported to have beneficial effects for a wide range of conditions, with only rarely occurring, and generally mild and temporary, side effects. Nevertheless, as with many treatments, there are areas of concern which you should be aware of.

**OTIC BAROTRAUMA:** Ear discomfort can be experienced if you cannot equalize the pressure in your ears. As the chamber is pressurized and depressurized you must be able to equalize the pressure in your ears to acclimate to the pressure changes. You will most likely experience “popping” in your

ears. This is normal. You can assist the equalization process by yawning, chewing, swallowing, etc. In general, doing whatever assists you being comfortable when taking off and landing in a plane may be most effective for you. When the chamber reaches full pressure and again when the chamber is completely deflated there should be no additional pressure in the ears.

**EAR, SINUS AND/OR THROAT CONGESTION, HEAD COLDS, VIRUS OR PRIOR TRAUMA TO THE EARS:** You may consider rescheduling your visit in the chamber if you are suffering from any of these conditions.

**PULMONARY HYPEREXPANSION:** This condition is very rare under mild hyperbaric treatments. However, to be cautious, do not hold your breath during decompression. In the highly unlikely event of an unexpected rapid decompression, it is critical that you exhale immediately. Just relax during your session and breathe normally.

**MEDICATIONS:** mild Hyperbaric Therapy may enhance the effectiveness or increase the metabolism (decrease the effectiveness) of any medication you are taking. It is recommended that you have the dosage and frequency of medications monitored and adjusted by your physician.

**PREGNANCY:** MILD HYPERBARIC THERAPY IS NOT ALLOWED DURING THE FIRST TRIMESTER. After this time it may be beneficial to both mother and child.

**SEIZURES:** mild Hyperbaric Therapy is not associated with causing or inducing seizures. To be on the cautious side we have established a seizure protocol that involved reaching full pressure (4.2psi) and spending full treatment time (standard 1 hour) in the chamber over a series of staged visits. IF ANYONE IN GETTING IN THE CHAMBER IS SEIZURE PRONE, THE STAFF MUST BE MADE AWARE PRIOR TO THE FIRST VISIT. If a seizure is experienced in our clinic, unless otherwise instructed, our procedure is to call 911, remove the patient from the chamber and make the individual as comfortable as possible.

**PNEUMOTHORAX:** mild Hyperbaric Therapy is contraindicated for an existing pneumothorax (collapsed lung) IF YOU HAVE A PNEUMOTHORAX OR SUSPECT THAT A PNEUMOTHORAX IS AN ISSUE, YOU WILL NOT BE ALLOWED IN THE CHAMBER UNTIL YOU/WE RECEIVE A DOCTOR'S CLEARANCE.

If you have experienced a pneumothorax in the past and have already been "cleared from your doctor" to resume normal activity, once you have provided a written confirmation you should be able to proceed with mild Hyperbaric Therapy.

**COMPRESSIVE BRAIN LESIONS – SUBFURAL HEMATOMA, INTERCRANIAL HEMATOMA:** mild hyperbaric therapy is contraindicated for existing compressive brain lesions (subdural hematoma, intracranial hematoma). If you have compressive brain lesions or suspect that they are an issue, you must have a doctor's clearance to use our chamber. If you have experienced compressive brain lesions in the past and have confirmation you should be able to proceed with mild Hyperbaric Therapy.

**DIABETES/INSULIN DEPENDANT:** Insulin dependency may result in a drop in blood sugar while in the chamber. IT IS CRITICAL THAT YOU IMMEDIATELY COMMUNICATE TO THE STAFF IF YOU EXPERIENCE OR ANTICIPATE AN EPISODE. YOUR TREATMENT WILL BE TERMINATED. You are required to: A) take a blood sugar reading prior to your treatment (if below 150, you must have a snack prior to

treatment) and again after your treatment (if below, you must have a snack prior to leaving). B) Take a protein bar, a piece of candy, or whatever you use if faced with a “drop” in the normal management of your condition into the chamber with you.

**SENSITIVITY TO CHEMICALS (MCS)/ODORS/ALLERGY:** Please avoid wearing heavy colognes as the smells may linger in the chamber and have an adverse effect on another patient. If you are very sensitive to chemicals, odors or have severe allergies, please notify staff well in advance so the proper measures can be taken to assure your comfort.

I have read and fully understand the above information.

Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

***Thank you***

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