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www.totalbodyworkspersonaltraining.com



NAME: _____

Hyperbaric Oxygen Therapy Consent Form

Hyperbaric Oxygen Therapy (HBOT), has been reported to have beneficial effects for a wide range of conditions, without many negative side effects that can be harmful to your health. Nevertheless, as with many treatments, there are areas of concern which you should be aware of. It is important that you take a few minutes to read the following information.

OTIC BAROTRAUMA: Is a condition of injury to the eardrum, and is extremely unlikely to occur in the hyperbaric chamber. However, severe ear discomfort can be caused 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. While this is normal, you should not experience pain of any kind in the chamber.

You can assist the equalization process by yawning, swallowing, working your jaw side to side and up and down (chewing motion), turning the head side to side and ear to shoulder. Sitting upright in the chamber during pressurization and depressurization will generally also make the equalization process more comfortable. In general, whatever assists you being comfortable when taking off and landing in a plane may be most effective for you. Continue to do this as needed for the duration of pressurization and depressurization. When the chamber reaches full pressure and again when the chamber is completely deflated there should be no additional pressure in the ears.

IF YOU ARE UNABLE TO EQUALIZE EAR PRESSURE AND EXPERIENCE PAIN IN ONE OR BOTH EARS, COMMUNICATE ANY DISCOMFORT IMMEDIATELY TO THE STAFF.

This will give us the opportunity to make adjustments in the pressurization or depressurization process to eliminate discomfort.

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. Discomfort from these conditions is less frequent but may occur.

MEDICATIONS: Hyperbaric Oxygen Therapy may enhance the effectiveness of any medication you are taking.

IT IS RECOMMENDED THAT YOU HAVE THE DOSAGE AND FREQUENCY OF ALL MEDICATIONS MONITORED AND ADJUSTED REGULARLY BY YOUR PHYSICIAN.

INITIALS _____

(Parent or Guardian)

PREGNANCY: HYPERBARIC OXYGEN THERAPY IS NOT ALLOWED DURING THE FIRST TRIMESTER. After this time it may be beneficial to both mother and child. A doctor's prescription is required for treatment.

SEIZURES: Hyperbaric Oxygen Therapy is not associated with causing or inducing seizures. IF ANYONE 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 center, unless otherwise instructed (and a waiver is signed), our procedure is to call 911, remove the patient from the chamber and make the individual as comfortable as possible.

DETOXIFYING OR CELL DIEOFF: Hyperbaric Oxygen Therapy may assist the body to naturally detoxify and balance digestive flora. AN INDIVIDUAL MAY EXPERIENCE SOME DISCOMFORT FROM THIS PROCESS IN AS LITTLE AS ONE TO THIRTY-SIX HOURS AFTER TREATMENT. Symptoms may include; flu like symptoms, loss of appetite, stomach ache, constipation, diarrhea, headache, behavioral issues etc. Although unpleasant, this is a natural process and continuing treatments may be of benefit to more rapidly accomplish a positive result. IF SYMPTOMS PERSIST, WE RECOMMEND CONSULTING YOUR PHYSICIAN TO EVALUATE AND ALLEVIATE THE SITUATION BEFORE ATTEMPTING ANOTHER VISIT.

PNEUMOTHORAX: Hyperbaric Oxygen Therapy is contraindicated for an existing Pneumothorax (collapsed lung). 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 Hyperbaric Therapy.

SENSITIVITY TO CHEMICALS (MCS) / ODORS / ALLERGIES: Avoid wearing heavy colognes as the smells may linger in the chamber and have an adverse effect on another patient.

* If you are uncomfortable in any way, or have any questions during your treatment session, you need to report them to the chamber operator immediately. We are here to help you to have a pleasant and satisfying session.

Tell Staff immediately if you are taking the following medications: Bleomycin, Disulfiram, Mafernade Acetate

Tell the staff immediately if you have or suspect you have: Hereditary Spherocytosis, Sickle Cell Anemia, COPD or Compressive brain lesion – subdural hematoma, intracranial hematoma: mild hyperbaric therapy is contraindicated for existing compressive brain lesions, if you have these conditions you must have a doctor’s clearance before use of our chamber.

I have read and fully understand the above information.

Signature _____ Date: ____/____/____

I understand that Total Body Works and its agents are not licensed physicians and that the wellness therapies undertaken with Total Body Works are not intended to replace the expertise of a medical doctor, or licensed health care provider. I also acknowledge that Total Body Works does not diagnose, treat, prescribe, cure, or prevent any diseases, nor does offer any guarantees related to my health.

The undersigned acknowledges giving informed consent to the services that will be provided. The undersigned hereby releases Total Body Works and its owner/officers 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. In the unlikely event that the client/undersigned has a dispute with Total Body Works and its agents the client agrees that the dispute shall be settled by arbitration only and that Total Body Works will never be liable for more than the cost of the HBOT session.

I take responsibility for my own health and well being, and have sought out this wellness treatment after consulting with my doctor and/or healthcare provider.

I agree that the time I spend with Total Body Works is valuable, and that if I need to cancel an appointment, I will do so at least 24 hours in advance. If I miss an appointment, I agree to pay the full appointment fee.

Total Body Works may use health information about the sessions in the HBOT, as required for administrative purposes, and to evaluate the quality of care that you receive. Total Body Works will not disclose your information to others unless we have written authorization from you or unless the law authorizes or requires us to do so.

I have read fully the above information on all intake documents and consent to sessions with the mild hyperbaric chamber. I have also completed, read and agreed to this consent form and questionnaires which accompany this consent form.

Signature _____ Date: ____/____/____ *(Parent or Guardian)*