

Mild Hyperbaric Oxygen Therapy Consent Form

The technology, known as mild Hyperbaric Therapy, has been reported to have beneficial effects for a wide range of conditions, without negative side effects. Nevertheless, as with many treatments, there are areas of concern which you should be aware. It is important that you take a few minutes to read the following.

- 1. OTIC BAROTRAUMA:** Is a condition of injury to the eardrum, and is extremely unlikely to occur in the mild 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. This is normal. You can assist the equalization process by yawning, chewing, swallowing, working your jaw side to side and up and down, 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, doing 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.
- 2. IF YOU ARE UNABLE TO EQUALIZE EAR PRESSURE AND EXPERIENCE PAIN IN ONE OR BOTH EARS, IT IS CRITICAL THAT YOU COMMUNICATE ANY DISCOMFORT IMMEDIATELY TO THE STAFF** so we can assist you or terminate your visit. We recommend you consult your physician in order to alleviate the underlying condition before attempting another visit.
- 3. ALCOHOL CONSUMPTION, EAR, SINUS AND/OR THROAT CONGESTION, HEAD COLDS, FEVER, VIRUS OR TRAUMA TO THE EARS:** Reschedule your visit in the chamber if you have had alcohol in the last day or are suffering from any of these conditions.
- 4. CATARACTS AND OPTIC NEURITIS, HEART VALVE CONGENITAL DEFECT:** This condition is contraindicated for hyperbaric therapy.
- 5. PULMONARY HYPEREXPANSION:** This condition is very rare under mild hyperbaric treatments. However, to be overly cautious, **HOLDING YOUR BREATH DURING DECOMPRESSION MUST BE AVOIDED** as it could lead to expansion of the air in your lungs and damage to the lung tissues. In the highly unlikely event of an unexpected rapid decompression, it is critical that you exhale immediately.
- 6. 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 ALL MEDICATIONS MONITORED AND ADJUSTED REGULARLY BY YOUR PHYSICIAN.**
- 7. PREGNANCY:** HYPERBARIC THERAPY IS NOT ALLOWED DURING PREGNANCY.
- 8. SEIZURES:** mild Hyperbaric Therapy is not associated with causing or inducing seizures. If a seizure is experienced in our center, our procedure is to call 911, remove the client from the chamber and make the individual as comfortable as possible.
- 9. DETOXIFYING OR CELL DIE-OFF:** mild Hyperbaric 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 1 TO 36 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. However if symptoms persist, we recommend consulting with your physician to evaluate and alleviate the situation before attempting another visit.

- 10. **PNEUMOTHORAX OR EMPHYSEMA:** mild Hyperbaric Therapy is contraindicated for an existing pneumothorax (collapsed lung) or emphysema. 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 physician’s release, you should be able to proceed with mild Hyperbaric Therapy.
- 11. **COMPRESSIVE BRAIN LESIONS - SUBDURAL HEMATOMA, INTERCRANIAL HEMATOMA:** mild Hyperbaric Therapy is contraindicated for existing compressive brain lesions (subdural hematoma, intercranial hematoma). If you have experienced compressive brain lesions in the past and have already been “cleared from your doctor” to resume normal activity, once you have provided a physician’s release, you should be able to proceed with mild Hyperbaric Therapy.
- 12. **DIABETES / HYPOGLYCEMIA:** Insulin dependency may result in a drop in blood sugar while in the chamber. It is recommended that you eat a meal immediately before you enter the chamber and monitor your blood sugar levels during the session. **IT IS CRITICAL THAT YOU IMMEDIATELY COMMUNICATE TO THE STAFF IF YOU EXPERIENCE OR ANTICIPATE AN EPISODE. YOUR SESSION WILL BE TERMINATED.** Please be prepared with your medications if necessary.
- 13. **DENTAL WORK:** All dental work must be completed with no temporary fillings or unfinished root canals
- 14. **FLYING OR SCUBA DIVING:** All flying or scuba diving must be completed 24 hours prior to any hyperbaric session.
- 15. **SENSITIVITY TO CHEMICALS (MCS) / ODORS / ALLERGY:** Avoid wearing heavy colognes as the smells may linger in the chamber and have an adverse effect on another client. **IF YOU EXPERIENCE ADVERSE SENSITIVITY OR HAVE ALLERGIES THAT MAY BECOME AGGRAVATED WHILE IN THE CHAMBER, LET THE STAFF KNOW PRIOR TO YOU VISIT OR AS SOON AS POSSIBLE WHEN IN THE CHAMBER SO MEASURES CAN BE TAKEN TO ASSURE YOUR COMFORT OR IF YOUR VISIT NEEDS TO BE TERMINATED.**

The undersigned acknowledges giving Informed consent to the services that will be provided. The undersigned hereby releases Nourishing Journey, LLC and its agents from all claims and liabilities arising from the use or misuse of hyperbaric therapy indemnifying and holding the center and its agents harmless from all claims and liabilities wherefrom, whatsoever. The Center and its agents reserve all rights.

Although mild hyperbaric therapy has been reported to be beneficial for a wide range of conditions, this therapy is not meant as a cure for any condition or disease and no therapeutic outcomes can be guaranteed. We do not in any way recommend hyperbaric therapy as a substitute for any medical treatments prescribed or suggested by any medical physician. We do not make any guarantees to any results that an individual may experience. We are NOT medical practitioners.

My signature below signifies that I have read and understand what is written above.

Client/Guardian Signature: _____

Date: _____

Client/Guardian (printed): _____

Client Name if Minor: _____



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HBOT - Physician Release

(Completed by your Physician)

Patient Name: _____ DOB: _____

This patient requests approval to have mild hyperbaric oxygen therapy (HBOT) from Nourishing Journey, LLC. Please review the following items to determine suitability and clearance for HBOT. Please determine that HBOT will not interfere with current and future treatment plans.

- Review of any possible contraindications
- Check the ears for the ability to equalize pressure
- Hearing test
- Check the lungs
- Prescriptions to clear any sinus infections, allergies, and/or ear infections prior to commencement of HBOT
- Review of patient's overall health
- Review of patient's current and past prescription drugs
- Review of patient's current over the counter drugs
- Review of patient's current nutritional supplements
- Baseline tests, if necessary: i.e. SPECT scan or EEG testing
- Follow-up tests, if necessary

Please contact Jennifer Palmer at Nourishing Journey if you have any questions about the hyperbaric oxygen therapy that your patient is planning to start. By signing below, the Doctor gives release for this patient to receive the recommended mild hyperbaric oxygen therapy as follows:

Number of dives per week: _____

Dive time per session: _____

Total number of dives: _____

Doctor Printed Name

Doctor Phone Number

Doctor's Signature

Date

Patient/Guardian Signature

Date