

Informed Consent for Hyperbaric Oxygen Therapy (HBOT)

1. I request VAYU Advanced Wound Clinic & Hyperbarics to administer Hyperbaric Oxygen Therapy (HBOT).
2. I understand that I will be billed for two separate charges:
 - a. By the Physician who oversees the treatment.
 - b. By the facility for performing the treatment, and use of materials
3. I understand that the treatments are administered by the trained staff of VAYU advanced Wound Clinic & Hyperbarics.
4. I understand the possible side effects of HBOT and they have been explained to me.
 - A. Barotrauma
 - B. Anxiety
 - C. Seizures
 - D. Vision Changes
 - E. Early Maturation of cataracts
 - F. Contraindications in pregnancy
5. I understand that if I am over the age of 55, that VAYU Recommends (but not required) for me to get an eye exam if I have not had one in the last 6 months to check for cataracts. I understand that cataracts will mature faster with HBO, but that cataracts are treatable and the risk of my condition getting worse may outweigh the risk of cataracts.
6. I have no known contraindications to receiving HBOT and have been cleared for treatments by my physicians.
7. I agree to communicate any changes that occur in my health while receiving treatments and seek appropriate medical evaluation when necessary. I will report any of the following to the CHT, staff or physician:
 - A. Chills, fever, nausea, vomiting & diarrhea
 - B. Cold or Flu like symptoms
 - C. Ear Fullness, pain or sinus pressure
 - D. Hypo/Hyperglycemia
 - E. Any vision change
 - F. Shortness of breath or chest Pain
 - G. Changes in medication
8. I understand that coming in daily will give me the best results for healing. I understand that I can influence my Own healing and improve my outcome by:
 - A. Watching my diet and eating a well-balanced diet
 - B. coming in for wound care and following wound care orders
 - C. Taking my medications as prescribed
 - D. Controlling my diabetes
 - E. Daily Attendance
 - F. Stopping all tobacco Products
 - G. Off-Loading
 - H. Keeping Appointments with referring Providers or Physicians



9. I understand all of the safety precautions which include:

- A. Wearing of 100% cotton garments to decrease static
- B. No petroleum products
- C. No alcohol-based products
- D. No hearing aids, watches, jewelry, dentures, or chewing gum
- E. No Lighters, matches, cigarettes, heat patches, or medication patches
- F. No loose-leaf papers, newspapers or books.
- G. No electronic devices
- H. No illicit drugs being taken

In full knowledge of the aforementioned facts and details, I understand all the risks & benefits of HBOT, & I give my permission and consent to proceed with Hyperbaric Oxygen Therapy (HBOT)

Patient Signature

Date

Printed Name