



HYPERBARIC OXYGEN THERAPY

CLIENT PROFILE

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Full Name: _____ Date: ____/____/____

Date of Birth: ____/____/____ Age: _____ Male Female

Address: _____ City: _____ State: _____

Zip Code: _____ E-mail address: _____

Phone #: (____) _____ Alt. Phone #: (____) _____

Employer: _____ Occupation: _____

Emergency Contact Name, Relation, & Phone Number: _____

How did you hear about us?: _____

Known Allergies (Food, Drugs, Vaccines, or Environmental):

Current Health Concerns (Please list in order of priority):

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

Current Medications (Prescription, Over the Counter Drugs, Vitamins, Herbs, Homeopathic Remedies, Etc.)

- 1) Dosage _____ 6) Dosage _____
- 2) Dosage _____ 7) Dosage _____
- 3) Dosage _____ 8) Dosage _____
- 4) Dosage _____ 9) Dosage _____
- 5) Dosage _____ 10) Dosage _____



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PLEASE ANSWER THE FOLLOWING QUESTIONS ON YOUR PAST OR PRESENT MEDICAL HISTORY WITH YES OR NO. **If you are not sure, answer YES**

Could you be pregnant, or are you attempting to become pregnant? _____

Have you ever had, or do you currently have...?

- _____ Lung disease, any form
- _____ Emphysema
- _____ Pneumothorax/Collapsed Lung
- _____ Chest surgery
- _____ Heart failure
- _____ High Blood Pressure
- _____ Any electronically implanted medical device (i.e., pacemaker, deep brain stimulator)
- _____ Any diseases or conditions involving ears or sinus or surgical interventions
- _____ Difficulty in clearing ears during airplanes or pressurized environments like diving
- _____ Claustrophobia
- _____ Epilepsy/Seizures
- _____ Diabetes
- _____ Cataracts

Are you presently taking prescription medications for any of the above questions? If so, please specify:

I testify that the information I have provided is true and accurate to the best of my knowledge, and I have been explained the potential risks for any of the above questions that I answered "yes" to and have been given the opportunity to speak to my doctor or a healthcare provider about this.

Signature

Date



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AGREEMENT TO HOLD HARMLESS

I, _____ the undersigned, do hereby understand, acknowledge, and agree to hold harmless Hyperbaric Joy (Wellness Provider), and Mahesh Subrahmanyam DDiv (practice name) should I fail to provide the necessary information for safe and proper treatment. "Necessary information" includes, but is not limited to, any medical diagnosis, medical concerns, or to any prescription medications, controlled substances, alcohol, homeopathic remedies, vitamins, and any other over-the-counter items I am currently taking (or that I have been prescribed to take) that could affect my treatment. Failure to inform Hyperbaric Joy (Wellness provider) and Mahesh Subrahmanyam DDiv (practice name) of any such necessary information, or to inform of changes in this necessary information before each treatment shall render Hyperbaric Joy (Wellness provider) and Mahesh Subrahmanyam DDiv (practice name) harmless for any illness, injury, accident and/or death that may occur.

I, the undersigned, also understand, acknowledge, and agree that Hyperbaric Joy (Wellness provider) and Mahesh Subrahmanyam DDiv (practice name) may be supplied with my treating physician's written approval to begin any therapy and/or treatment if I have a preexisting medical condition. Failure to provide written approval from my treating physician for a preexisting medical condition at any time prior to any therapy and/or treatment shall render Hyperbaric Joy (Wellness provider) and Mahesh Subrahmanyam DDiv (practice name) harmless for any illness, injury, accident and/or death that might occur.

Only "Severe" medical conditions must have your physician's approval. Please check with me if you have any concerns, thank you.

Print Client Name

Client Signature

Date

Witnessed by (Print Name)

Witness Signature

Date