



WOUND CARE and HYPERBARICS

Informed Consent for Hyperbaric Oxygen Therapy (HBOT)

1. I request R3 Wound Care and Hyperbarics to administer Hyperbaric Oxygen Therapy (HBOT) *as prescribed by my physician.*
2. I understand that I will be billed for two separate charges:
 1. By the Physician who oversees each treatment
 2. By the facility for performing the treatment, and use of materials
3. I understand that the treatments are administered by the trained staff of R3 Wound Care and Hyperbarics.
4. I understand the the possible side effects of HBOT and they have been explained to me. These include (but not limited to):
 - 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 R3 recommends (but is not required) 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 prescribing physician.
7. I agree to communicate any **changes that occur in my health** while receiving treatments and to seek appropriate medical evaluation when necessary. I will report any of the following to the CHT or medical provider:
 - a. Chills, fever, nausea, vomiting, & diarrhea
 - b. Cold or flu like symptoms

- c. Ear fullness or pain, or sinus pressure or pain
 - d. Hypo/Hyperglycemia
 - e. Any vision changes
 - f. Shortness of breath or chest pain
 - g. Changes in medications
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 outcomes 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 physician
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