Elite PT & Wellness Hyperbaric Oxygen Therapy Treatment Consent Form

Hyperbaric oxygen chamber therapy involves breathing in pure oxygen at a pressure 2-3 times regular atmospheric pressure. This allows pure oxygen to perfuse into the body in a pressurized state. This therapy is used to treat many of the following conditions:

- Concussion or brain injury
- Burns/wounds/infections
- Cardiac issues
- Deafness and vision loss
- Crushing injuries and fractures
- Diabetic ulcers/wounds

- Radiation injuries
- Depression
- Lyme disease
- Parkinson's
- Stroke
- Athletic performance/soreness issues

Hyperbaric oxygen chamber therapy can cause you to feel fatigued or hungry post session. During the session you may feel fullness or pressure in your ears. It is important to adjust pressure if your ears do not acclimate to pressure. Although very rare, one risk of the treatment is middle ear injury of eardrum secondary to high pressure. More rare risks such as barotrauma (collapse of lung) and seizures caused by oxygen toxicity are also present. Near sightedness is another potential side effect to treatment that usually resolves itself within weeks. Patients are encouraged to consult a physician before use. People who have any of the following conditions should not perform hyperbaric oxygen treatment:

- Untreated pneumothorax or punctured lung
- Pregnancy
- Significant Asthma
- Claustrophobia

- Eustachian tube dysfunction
- COPD
- Seizures
- Upper respiratory infections

By signing this form, I acknowledge and consent to hyperbaric oxygen chamber treatment, knowing the main risks to treatment and have consulted with my healthcare professional prior to treatment on any contraindications I may have with this treatment. I understand that the practice of medicine and surgery is not an exact science and I have been made no promises or guarantees as to the results of hyperbaric oxygen therapy. I have read this consent thoroughly and have had the opportunity to ask any questions relevant to this treatment.

_____   _____

      Patient signature   Date