



HBOT Intake Form

It is our goal that you leave Moonstone Medical after each treatment feeling satisfied with the results and the level of customer service you received. Please feel free to contact management with any concerns, comments or suggestions that you may have.

Date _____ Name _____

Street Address _____

City _____ State _____ Zip Code _____

Birth Date _____ Email _____

Phone _____ Occupation _____

Emergency Contact _____ Phone _____

If Minor, Parent or Legal Guardian Name _____

Signature _____

Where did you hear about HBOT and our location? _____

Have you ever experienced HBOT? ____ If yes, explain _____

What illness/symptoms are you seeking HBOT for? _____

What do you expect HBOT would accomplish for you? _____

Do you smoke? _____ If so, How much? _____



*** Sometimes issues such as ear, sinus or throat congestion, head colds, or ear infections can make hyperbaric therapy treatments an uncomfortable experience. (Similar to air travel). However, our technicians are trained to deal with all of these issues, and may very well be able to comfortably guide you to pressure at a slower rate.

Please check any of the conditions below that you have had in the past 10 years:

- | | | |
|--|--|---|
| <input type="checkbox"/> Acute Respiratory Illness | <input type="checkbox"/> Compartment Syndrome | <input type="checkbox"/> Migraines (Chronic) |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Crohn's Disease | <input type="checkbox"/> Mitral Valve Prolapse |
| <input type="checkbox"/> AIDS or HIV | <input type="checkbox"/> Cystic Fibrosis (CF) | <input type="checkbox"/> Multiple Sclerosis (MS) |
| <input type="checkbox"/> Alopecia | <input type="checkbox"/> Diabetes: insulin? Y/N | <input type="checkbox"/> Neurological Disease |
| <input type="checkbox"/> ALS | <input type="checkbox"/> Diabetic Ulcers | <input type="checkbox"/> Neuropathy |
| <input type="checkbox"/> Alzheimer's / Dementia | <input type="checkbox"/> Ear Infections (chronic) | <input type="checkbox"/> Parkinson's Syndrome |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Angina | <input type="checkbox"/> Fainting / Seizures (chronic) | <input type="checkbox"/> Post-Traumatic Stress (PTSD) |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Radiation Therapy - Year: |
| <input type="checkbox"/> Arthritis - type? | <input type="checkbox"/> Frequently Tired | <input type="checkbox"/> Respiratory Problems |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Rheumatic Fever - Year: |
| <input type="checkbox"/> Back Issues | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Ringing in Ears |
| <input type="checkbox"/> Bell's Palsy - Year: | <input type="checkbox"/> Hepatitis/Jaundice | <input type="checkbox"/> Rosacea |
| <input type="checkbox"/> Cancer - Year: | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Scleroderma |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Infections (frequent) | <input type="checkbox"/> Slow Healing Wound |
| <input type="checkbox"/> Chemical Sensitivity | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Stroke - Year: |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Leukemia - Year: | <input type="checkbox"/> Swollen Ankles |



- | | | |
|--|--|---|
| <input type="checkbox"/> Chronic Bronchitis | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Thyroid Problems |
| <input type="checkbox"/> Chronic Fatigue (CFS) | <input type="checkbox"/> Lung Infection (frequent) | <input type="checkbox"/> Traumatic Brain Injury (TBI) |
| <input type="checkbox"/> Cirrhosis | <input type="checkbox"/> Lyme Disease | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Coma - Year: | <input type="checkbox"/> Meningitis | <input type="checkbox"/> Lupus |

Do you have and/or experience any of the following?

	Check if Yes		Check if Yes
Allergies		Ear Trauma / Surgery	
Amalgam Fillings		Forgetfulness	
Artificial Limbs		Hearing Aids	
Blackouts		Lung Problems	
Blood Sugar Problems		Poor Circulation	
Claustrophobia		Weakness in Limbs	

Areas of Concern

Please read and initial each point that pertains to you.

Feel free to ask your technician about any of the following as it may pertain to you:

COMPRESSIVE BRAIN LESIONS - SUBDURAL HEMATOMA, INTERCRANIAL HEMATOMA Mild Hyperbaric Therapy is contraindicated for existing compressive brain lesions. If you have compressive brain lesions or suspect that they are an issue, you must have a doctor's clearance to use our chamber. If you have experienced compressive brain lesions in the past and have already been "cleared from your doctor" to resume normal activity, you may continue with your mHBOT treatments.

DIABETES / INSULIN DEPENDENT Insulin dependency may result in a drop in blood sugar while in the chamber. By signing this form you acknowledge that you will do the following:

- A) Take a blood sugar reading prior to your treatment and again after your treatment
- B) keep with you a protein bar, piece of candy, or whatever you use if faced with a "drop" in the normal management of your condition.



___ **OTIC BAROTRAUMA** Injury to the eardrum is extremely unlikely to occur with mild hyperbaric therapy.) As the chamber is pressurized and depressurized you must be able to equalize the pressure in your ears to acclimate to the pressure changes. Many patients experience a mild "popping" sensation in the ears during the pressurizing and depressurizing of the chamber. Communication with your technician during this time will prevent any negative experiences.

___ **PNEUMOTHORAX** (collapsed lung) If you have or suspect that you have a collapsed lung, you will not be allowed in the chamber without written doctor's clearance.

___ **PREGNANCY** To err on the side of caution, we will not administer hyperbaric treatments during the first trimester. After this time, it may be beneficial to both mother and child.

___ **PULMONARY HYPEREXPANSION** This condition is extremely rare with mild hyperbaric therapy. To be safest, please do not hold your breath during decompression, just relax and breathe normally.

___ **SEIZURES** Mild Hyperbaric Therapy is not associated with causing or inducing seizures. If you are prone to seizures, please notify your technician prior to treatment. If a seizure is experienced in our clinic, our protocol is to remove the patient from the chamber and to make the individual as comfortable as possible. We will call 911 if necessary.

___ **SENSITIVITY TO CHEMICALS, ODORS, OR HAVE ALLERGY** Please avoid wearing heavy colognes, perfumes, lotions, or smelly clothes. The smells may linger in the chamber and have an adverse effect on another patient. If you are very sensitive to chemicals, odors or have severe allergies, please notify staff in advance so the proper measures can be taken to assure your comfort.

___ **MEDICATIONS** Mild Hyperbaric Therapy may slightly 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 medications monitored and adjusted by your physician. Please list any medications that you are currently taking.



Informed Consent

I acknowledge my informed consent to receive the services that will be provided by Moonstone Medical Group, LLC (hereafter referred to as Moonstone). I hereby release Moonstone, and their agents from claims and liabilities arising from the use of mild hyperbaric therapy. I hereby grant permission to Moonstone to provide me with mild hyperbaric therapy. I also acknowledge that Moonstone does not claim to prevent, treat, nor cure any condition. Moonstone does not provide diagnosis, care, treatment or rehabilitation of individuals, nor do they or their agents apply medical, mental health or human development principles, but rather provide mild hyperbaric therapy, that may benefit me.

I (print name) _____ have read, fully understand, and consent to treatments in the mild hyperbaric chamber. I have also completed the health questionnaire to the best of my ability, which accompanies this consent form. I agree to hold Moonstone harmless from any blame or issues regarding hyperbaric therapy services provided by Moonstone.

Although mild hyperbaric therapy has been reported to be beneficial for a wide range of conditions, an outcome of cure cannot be guaranteed. I understand that Moonstone does not, in any way, recommend our therapies as a substitute for any medical treatments prescribed by your physician.

Signature: _____ Date: _____

Thank you!