

MEDICAL HISTORY FORM

Primary Diagnosis: _____

Secondary Diagnosis: _____

Have you ever had or are you taking medication for any of the following
(Yes or No):

- | | |
|--|--|
| _____ Previous hyperbaric oxygen therapy | _____ Hay fever (frequent or severe) |
| _____ Stroke | _____ Frequent colds or sinus condition |
| _____ Cancer | _____ Any form of lung condition |
| _____ Rheumatic condition | _____ Chest surgery |
| _____ Claustrophobia | _____ Epilepsy, seizures, convulsions |
| _____ Recurring migraine headaches | _____ Blackouts or fainting (full/partial) |
| _____ Decompression sickness | _____ Diabetes |
| _____ High Blood Pressure | _____ Prostheses (e.g. limbs, tooth) |
| _____ Heart / Angina condition | _____ Angina pectoris (Heart pain) |
| _____ Dentures (removable) | _____ Blood vessel surgery |
| _____ Asthma or wheezing with breathing | _____ Ear surgery |
| _____ Hearing Loss | _____ Problems with balance |
| _____ Problems equalizing (popping) Ears | _____ Bleeding or other blood disorders |
| _____ Ulcers | _____ Colostomy |
| _____ Drug abuse (e.g. Alcohol) | _____ Smoking (e.g. tobacco) |

If female, is there a possibility that you may be pregnant? _____

Do you have any allergies (e.g. Latex/ Meds)? _____

Have you smoked in the last 6 months? _____

Date & result of latest chest X-ray? _____

Are you now receiving any other forms of therapy? _____

Please elaborate on any positive response (Medications/ Surgeries):

A positive response to any of the above conditions means that there is a pre-existing condition that may affect your safety in receiving hyperbaric oxygen therapy. Such a condition does not necessarily disqualify you from receiving therapy when appropriate means are in place. The point of the checklist is to ensure that you are physically able to receive hyperbaric oxygen therapy in a hyperbaric chamber. Should you have any doubts about your present physical condition, you may wish to consult with your physician.

The information I have provided about my medical history is accurate to the best of my knowledge.

Signature

Date

Print name and relationship to client

Date