

New Client Intake Form

Thank you for registering with Beachside Hyperbarics! We look forward to providing you with excellent service during your hyperbaric experience with us. Please help us by filling out the following forms so that we can make sure we meet your expectations and needs. Let us know if you have any questions or concerns, we are always here to help.

Beachside Hyperbaric
320 4th Ave.
Indialantic, FL 32903

Attention!

Let us know immediately if you are taking the following medications:

Bleomycin, Disulfiram, Mafernade Acetate

Tell the staff immediately if you have or suspect you have:

Hereditary Sperocytosis, Sickle Cell Anemia, COPD

Date: _____

Full Name: _____

Address: _____

Birth Date: _____ Email: _____

Home or Cell Phone: _____

Check Appropriate Box: Minor Single Married

If Minor, Parent or Legal Guardian Name: _____

Emergency Contact: _____ Phone: _____

Are you currently under a doctors care? YES NO

Physicians Name: _____ City/State: _____

I give permission to Beachside Hyperbarics to leave a phone message or email on my answering machine or voicemail/email.

Initial: _____

How did you hear about Elite Hyperbarics?

Friend (who?) _____

Internet Search Engine (which one?) _____

Flyer (where?) _____

Other (please explain) _____

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The undersigned hereby grants a private license to Beachside Hyperbarics to provide mild hyperbaric therapy and/or mHBOT(mild hyperbaric oxygen therapy) to the undersigned. The undersigned acknowledges that Elite Hyperbaric does not claim to prevent, treat, nor cure any condition. Beachside Hyperbaric 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 and/or mHBOT technology that may benefit the undersigned.

The undersigned acknowledges giving informed consent to the services that will be provided. The undersigned hereby releases Beachside Hyperbaric and their agents from all claims and liabilities arising from the use or misuse of hyperbaric therapy indemnifying and holding institute and its agents harmless from all claims and liabilities wherefrom, whatsoever.

In the unlikely event that the client has a dispute with Beachside Hyperbarics the client agrees that the dispute shall be settled by arbitration through the Better Business Bureau.

I (print name) _____ have read, full understand, read and write fluent english, and consent to treatments in the mild hyperbaric chamber &/or HBOT (Hyperbaric Oxygen Therapy) chamber. I have also completed the health questionnaire which accompanies this consent form, and I agree to hold Beachside hyperbaric harmless from any blame or issues regarding hyperbaric therapy services provided by Beachside Hyperbarics.

Although midl hyperbaric therapy has been reported to be beneficial for a wide range of conditions, an outcome of cure cannot bey guaranteed. We do not, in any way recommend our therapies as a substitute for any medical treatments prescribed by your physician.

Signature: _____

Date: _____

NOTICE OF PRIVACY PRACTICE SUMMARY

This summary discusses how health information about you may be used.

Beachside Hyperbarics uses health information about you for treatment, to obtain payment for treatment with your authorization as required (check state laws), for administrative purposes and to evaluate the quality of care that you receive.

Beachside Hyperbarics will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

Beachside Hyperbarics may use your information to provide appointment reminders, information about treatment alternatives or other health related issues.

Beachside Hyperbarics may disclose our information for public health activities, research, health and safety, governmental function in order to comply with workers compensation laws and regulations, a right to request restriction, report and retain a copy of your health record, request communication of your health record, request communication of your information by alternative means at alternative locations, revoke your authorization and request an accounting of your health records.

You may complain to the privacy officer, Andrew Vazquez, and to the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

Beachside Hyperbarics must maintain the privacy of protected health information, provide you with notice of its legal duties and privacy practices with respect to your health information, abide by the terms of the notice, notify you if it was unable to agree to the requested restriction on how your information is used or disclosed, accommodate reasonable requests you may make to communicate with health information by alternative means or by alternative locations and obtain your written authorization to use or disclose your health information for reasons other than those listed above and permitted by law.

If you have question or complaints, please contact Andrew Vazquez at 818-325-6151.

I read and write english, and have read and fully understand the above information.

Signature: _____

Date: _____

1. Have you ever had any ear problems? _____
2. Do you have an ear problems when you fly? _____
3. Do you have any problems going up and down in an elevator? _____
4. Do you have any back problems? _____
5. Do you feel that you have any claustrophobia issues? _____
6. Is there anything else, medically related to you, that you feel is important for us to know?

Do you currently have any ear, sinus or throat congestion, ear infections, head colds or have you had any prior trauma to your ears? (please circle one) YES NO

List any allergies you have: _____

Do you have or have you had any of the following:
Check only if yes!

- ___ Acute respiratory Illness
- ___ AIDS or HIV infection
- ___ Anemia
- ___ Angina
- ___ Anxiety
- ___ Arthritis
- ___ Asthma
- ___ Back Pain
- ___ Cancer
- ___ Chemical Sensitivity
- ___ Chest Pains
- ___ Chronic Bronchitis
- ___ Chronic Fatigue (CFS)
- ___ Claustrophobia
- ___ Diabetes - Insulin Dependent
- ___ Emphysema
- ___ Fainting / Seizures
- ___ Fever Related Seizures
- ___ Fibromyalgia

- ___ Frequent Ear Infections
- ___ Frequently Tired
- ___ Glaucoma
- ___ Hay Fever / Allergies
- ___ Hepatitis / Jaundice
- ___ Heart Attack
- ___ Heart Disease
- ___ Heart Murmur
- ___ Heart Problems
- ___ Herpes
- ___ High Blood Pressure
- ___ Infections (frequent)
- ___ Kidney Disease
- ___ Leukemia
- ___ Liver Disease
- ___ Low Blood Pressure
- ___ Lung Disease
- ___ Lung Infection (frequent)
- ___ Malignant Disease

- ___ Mitral Valve Prolapse
- ___ Neurological Disease
- ___ Radiation Therapy
- If yes, when? _____
- ___ Recent Weight Loss
- ___ Respiratory Problems
- ___ Rheumatic Fever
- ___ Ringing in the Ears
- ___ Rosacea
- ___ Seizure Disorders
- ___ Stomach Problems / Ulcers
- ___ Stroke
- ___ Swollen Ankles
- ___ Thyroid Problems
- ___ Tuberculosis
- ___ Other:
- _____
- _____
- _____

Please tell us some of your top goals and/or concerns that you are wanting to treat with hyperbaric therapy:

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The technology, known as mHBOT (mild Hyperbaric Oxygen Therapy), HBOT (Hyperbaric Oxygen Therapy) and mHBT (mild Hyperbaric Therapy) have been reported to have many beneficial effects for a wide range of conditions, with only rarely occurring, generally mild and temporary side effects. Nevertheless, as with many treatments, there are areas of concerns which you should be aware of.

OTIC BAROTRAUMA: Is a condition of injury to the eardrum, and is extremely unlikely to occur in the mild hyperbaric chamber. However, ear discomfort can be caused if you cannot equalize the pressure in your ears. As the chamber is pressurized and depressurized you must be able to equalize the pressure in your ears to acclimate to the pressure changes. You will most likely “popping” in your ears. This is normal. You can assist the equalization process by yawning, chewing, swallowing, working your jaw side to side and up and down, turning the head side to side and ear to shoulder. In general, doing whatever assists you being comfortable when taking off and landing in an airplane may be most effective for you. When the chamber reaches full pressure and again when the chamber is completely deflated there should be no additional pressure in the ears.

EAR, SINUS AND/OR THROAT CONGESTION, HEAD COLDS, VIRUS OR PRIOR TRAUMA TO THE EARS: You may consider rescheduling your visit in the chamber if you are suffering from any of these conditions.

PULMONARY HYPEREXPANSION: This condition is very rare under mild hyperbaric treatments. However, to be overly cautious, do not hold your breath during decompression. In the highly unlikely event of unexpected rapid decompression it is critical that you exhale immediately. Just relax during your session and breath normally.

Medications: mild Hyperbaric Therapy may 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.

PREGNANCY: MILD HYPERBARIC THERAPY IS NOT ALLOWED DURING THE FIRST TRIMESTER. After this time it may be beneficial to both mother and child.

SEIZURES: mild Hyperbaric Therapy is not associated with causing or inducing seizures. To be on the cautious side we have established a seizure protocol that involves reaching full pressure and spending full treatment time in the chamber over a series of staged visits. IF ANYONE IN THE CHAMBER IS SEIZURE PRONE, THE STAFF MUST BE MADE AWARE PRIOR TO THE FIRST VISIT. If a seizure is experienced, unless otherwise instructed (and a waiver is signed), our procedure is to call 911, remove the patient from the chamber and make the individual as comfortable as possible.

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PNEUMOTHORAX: mild Hyperbaric Therapy is contraindicated for an existing pneumothorax (collapsed lung). IF YOU HAVE OR SUSPECT THAT A PNEUMOTHORAX IS AN ISSUE, YOU WILL NOT BE ALLOWED IN THE CHAMBER UNTIL YOU/WE RECEIVE A DOCTORS CLEARANCE. If you have experienced a pneumothorax in the past and have already been “cleared from your doctor” to resume normal activity, once you have provided a written confirmation you should be able to proceed with mild Hyperbaric Therapy.

COMPRESSIVE BRAIN LESIONS - SUBDURAL HEMATOMA, INTERCRANIAL HEMATOMA: mild Hyperbaric Therapy is contraindicated for existing compressive brain lesions (subdural hematoma, intracranial hematoma). 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, once you have provided a written conformation you should be able to proceed with mild Hyperbaric Therapy.

DIABETES / INSULIN DEPENDENT: Insulin dependency may result in a drop in blood sugar while you are in the chamber. **IT IS CRITICAL THAT YOU IMMEDIATELY COMMUNICATE TO THE STAFF IF YOU EXPERIENCE OR ANTICIPATE AN EPISODE. YOUR TREATMENT WILL BE TERMINATED.** You are required to; A) take a blood sugar reading prior to your treatment (if below 150, you must have a snack prior to treatment) and again after your treatment (if below 150, you must have a snack prior to leaving). B) Take a protein bar, a piece of candy, or whatever you use if faed with a “drop” in the normal management of your condition into the chamber with you.

SENSITIVITY TO CHEMICALS (MCS) / ODORS / ALLERGY:

PLEASE AVOID WEARING ANY COLOGNES OR PERFUMES (THIS INCLUDES HEAVY DEODORANTS) AS 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 THE STAFF WELL IN ADVANCE SO THE PROPER MEASURES CAN BE TAKEN TO ASSURE YOUR COMFORT.

I READ AND WRITE ENGLISH, AND HAVE READ AND FULLY UNDERSTAND THE ABOVE INFORMATION.

Signature: _____

Date: _____

THANK YOU!