

Hyperbaric oxygen therapy

INFORMATION, QUESTIONNAIRE AND INFORMED CONSENT FORM

This document is for recording the personal data of clients, providing information about hyperbaric oxygen therapy and clarifying contraindications (risk factors in connection with the therapy). It also contains the informed consent form.

PERSONAL DATA

(Please fill in using BLOCK CAPITALS)

First name: _____

Last name: _____

Gender: **Male** **Female** **Other**

Date of birth: _____

Street and house no.: _____

Postcode and town/city: _____

Phone/mobile: _____

E-mail: _____

Emergency contact: (Name and phone/mobile) _____

Emergency contact: (Address) _____

INFORMATION

Hyperbaric oxygen therapy involves wearing a mask inside a chamber with increased ambient pressure and breathing oxygen (O₂) into the lungs, from where it is carried into the bloodstream and cells via the alveoli. The chamber operates at 1.5 to 2 ATA, which corresponds to a dive depth of 10 metres and up to 14 times the oxygen supply compared to normal pressure conditions. Hyperbaric oxygen therapy can improve wound healing and other healing processes, as well as promoting regeneration, increasing cognitive performance and boosting energy levels. The success of the therapy is not guaranteed.

No more than two hyperbaric oxygen therapy sessions per day are permitted. Each session may last a maximum of 60 minutes and there must be an interval of at least four hours between them. This can be done for a maximum of five consecutive days.

You can communicate via the intercom system at all times, even in the event of a power outage. Even if the operator is not present, the user can control the pressurized chamber from the inside at any time.

Flammable materials are **prohibited** in the pressurized chamber and its surroundings.

QUESTIONNAIRE

In order to keep the risk of side effects as low as possible, we kindly ask you to answer the following questions about your current or past medical history with "yes" or "no". If you are not sure, answer "yes".

General questions

Are you claustrophobic or have you ever experienced this (do you experience fear in enclosed spaces)? **Yes** **No**

Do you have problems equalizing the pressure in your ears (e.g. when travelling by plane or diving)? **Yes** **No**

Do you have a pacemaker or other medical devices (defibrillator (ICD), implants, etc.)? **Yes** **No**
If yes, which? _____

Are you pregnant or trying to get pregnant? **Yes** **No**

Are you currently receiving medical treatment for an illness or injury? **Yes** **no**
If yes, why? _____

Diseases

Do you suffer from or have you ever suffered from:

Lung diseases or surgical interventions in the chest (emphysema, COPD, pneumothorax, pneumonia, etc.)? **Yes** **No**
If yes, which? _____

Illness or surgical interventions in the ears or paranasal sinuses? **Yes** **No**
If yes, which? _____

Heart disease or heart failure? **Yes** **No**
If yes, which? _____

High blood pressure? **Yes** **No**

Diabetes? **Yes** **No**

Eye diseases (e.g. cataract, inflammation of the optic nerve)? **Yes** **No**
If yes, which? _____

Epilepsy? **Yes** **No**

Asthma? **Yes** **No**

Medication

Are you currently taking any medication? **Yes** **No**
If yes, which? _____

With my signature, I hereby confirm that I understand that hyperbaric oxygen therapy **is not permitted** for the following people:

- Those who feel ill or have flu-like symptoms
- Those who have travelled by plane or been diving in the past 48 hours
- Those under the influence of drugs or alcohol

DATA PROTECTION

With my signature, I hereby confirm that I consent to my data being processed, accessed and forwarded to my doctor.

I am aware of the potential risks of exchanging particularly sensitive personal data, such as unauthorized third parties accessing it via insecure communication channels, and am also aware of my rights. I give my consent for communication between my doctor, the operator of the hyperbaric oxygen therapy and me as a patient using the contact information provided above. All patient information forwarded by the medical practice is sent via secure communication channels. I agree that communication regarding administrative matters, such as rescheduling appointments, may take place via unencrypted e-mail.

INFORMED CONSENT FORM

With my signature, I hereby confirm that I have had a detailed discussion about hyperbaric oxygen therapy, during which I was informed about the benefits and risks of the procedure. I have also been informed that, as this is not a standard treatment, my statutory health insurance/health insurance company will not cover the costs.

With my signature, I expressly declare that I have filled out the questionnaire truthfully and that I have taken note of the prohibitions relating to the provision of hyperbaric oxygen therapy. The operator of the pressurized chamber shall be exempted from any liability in connection with the provision of hyperbaric oxygen therapy to the extent permitted by law.

With my signature, I expressly declare that I would like to receive hyperbaric oxygen therapy. If complications occur during the therapy that urgently require medical intervention, this shall also be covered by my consent.

Place, date

Signature of the client
