



Vancouver Hyperbarics Intake Form

Client's Name: _____

Birth Date: _____ Age: _____

Mailing Address: _____

City: _____ Province/State: _____

Postal/Zip Code: _____ Country: _____

Phone Number: _____ Email: _____

How did you hear about us: _____

List your diagnoses and associated symptoms:

Family physician or physician aware of your condition:

Physician Name: _____ Clinic/Hospital: _____

Address: _____

Phone: _____ Email: _____

Date of last physical examination: _____

Phone: 604-733-0277
Web: vancouverhyperbarics.com
Email: info@vancouverhyperbarics.com
Address: 2938 W 4th Ave, Vancouver, BC, V6K 1R2



Medical History Form for Hyperbaric Oxygen Therapy Patients

All medications presently taken: _____

Concurrent therapies: _____

Have you had any of the following conditions? If yes, please give date.

	Yes	Date	Describe
Ear surgery	_____	_____	_____
Lung problems/surgery	_____	_____	_____
Emphysema	_____	_____	_____
Frequent Colds	_____	_____	_____
Allergies (Please specify)	_____	_____	_____
Heart Problems/ Angina	_____	_____	_____
Heart Attacks	_____	_____	_____
Rheumatic Condition	_____	_____	_____
High Blood Pressure	_____	_____	_____
Stroke	_____	_____	_____
Weakness in limbs	_____	_____	_____
Hearing Aids	_____	_____	_____
Dentures	_____	_____	_____
Colostomy	_____	_____	_____
Blood Sugar problems	_____	_____	_____
Claustrophobia	_____	_____	_____
Artificial Limbs	_____	_____	_____
Blackouts/Fainting	_____	_____	_____
Brain Fog/Forgetfulness	_____	_____	_____
Seizures	_____	_____	_____
Asthma	_____	_____	_____
Cancer	_____	_____	_____
Diabetes	_____	_____	_____
Surgeries/Operations	_____	_____	_____

Date, location and result of last chest X-ray: _____

Acknowledge my understanding and consent to the following:

1. That Hyperbaric Oxygen Therapy (HBOT) is considered to be an experimental therapeutic modality for the purpose in which I am seeking therapy;
2. That I may need to maintain therapy in the future to receive the full benefits of HBOT;
3. That I have advised the staff at Vancouver Hyperbarics of any medications or any other therapies that I am using concurrently with HBOT;
4. That I have advised the staff at Vancouver Hyperbarics of any air travel plans prior to, during or post my hyperbaric sessions. (Air travel can only occur 24 hours before or after the last hyperbaric session.)
5. That I understand it is my responsibility to keep my Health Information Form up to date and I will report any changes to my health, medication(s) or therapy(ies) to the staff at Vancouver Hyperbarics.
6. That Vancouver Hyperbarics is not liable for any reactions I may have to HBOT, including but not limited to, Claustrophobia, ear barotraumas, pulmonary barotraumas, or any changes to my visual acuity.

Please print Patient's name

Patient's signature

Or in the case of a child or dependant:

Please print the child/dependant's name:

Please print the name of the parent/guardian

Parent/Guardian Signature

Date _____