

SELF DECLARATION

Signed: _____ ●

Date: _____ ●

I hereby consent and authorize the hyperbaric oxygen therapy (HBOT) staff at Just Breathe O2 to administer hyperbaric oxygen therapy and/or oxygen therapy to me. In doing so, I hereby acknowledge the following:

If I am undergoing HBOT for general health and wellness, then I understand that HBOT at this centre is not being prescribed to treat a medical condition, but only as an aid to help improve my physiological oxygen levels, with the goal of helping to improve my general well-being.

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If I have a signed physician form/ prescription from a doctor that believes that this will help my condition, I understand this is considered 'off-label' (unless the condition is altitude sickness). For this reason, the nature and purpose of hyperbaric oxygen therapy has been explained to me and I understand the explanation. Also, the consequences, risks, costs of treatments, and alternatives to HBOT have been explained to me and I have also been informed that HBOT may need to be repeated in the future, either by repeated sets of treatments or by frequent maintenance treatments in order to help maintain the benefits.

I have been given the opportunity to ask any question I might have regarding HBOT and/or oxygen therapy, and the provider has answered my questions.

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I have informed the attendant of my current health status, all current medications, and therapies, and I agree that it is my responsibility to keep the attendant aware of any changes in my condition, medication, or therapies, for every session.

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I have been informed that I may refuse treatments at any time, or even terminate a treatment while in the chamber, and exit the chamber in minutes.

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I will follow the instructions of the chamber attendant and I will inform the attendant of any concerns during the treatment, such as pain, nausea, diarrhoea, dizziness, visual changes, ringing or other noises in the ears, unusual smells, fear or anxiety reaction, unusual sweating, changes in heart rhythm, hiccups, chest pain, faintness, mood changes, difficulty breathing, or any discomfort.

I have read and understand the FAQ and will comply with its instructions.

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The benefits of HBOT may be much greater if I follow a healthy lifestyle, which includes non-smoking, weight control, exercise, proper nutrition, and stress management.

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Potential Risks of HBOT: Ear drum/sinus discomfort or pain, reversible myopia, confinement anxiety/ claustrophobia, fatigue, collapsed lung/pneumothorax, severe lung diseases/lung damage from pressure, heart failure, blood sugars may drop in diabetics, cataract maturation.

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If any unforeseen conditions arise during the course of this treatment, I do hereby authorize/request the staff to perform such additional procedures and/or to render such treatments as may be deemed necessary at that time.