Aloha Spa

Initial Patient Information Form

Tell the staff immediately if you are taking the following medications:
Bleomycin, Disulfiram, Mafernide Acetate

Tell the staff immediately if you have or suspect you have:
Hereditary Sperocytosis, Sickle Cell Anemia, COPD, Pregnancy

Date:___________

Full Name:__________________________

Address: (including zip code**):** ____

____

Birth Date:_______________ **Email:**___________________________________

Home or Cell Phone:______________________

If Minor, Parent or Legal Guardian Name and Relation:___________________

Parent or Legal Guardian Signature: ____________________________________

Emergency Contact:_____________________ **Phone:**______________________

Are you currently under a doctor's care? Yes No

Physician's Name:______________________ **City/State:** ____________________

- I give permission to Aloha Spa to send me text messages, call my phone, and send me emails. **Initial:**_________

How did you hear about Aloha Spa?

Friend (who?):__________ Internet: __________ Flyer (where?):_____________

Other (please explain):_____________________________

Thank you for choosing to work with Aloha Spa! We will strive to
provide you with the best possible service. To help meet all of your needs,
please take some time and fill this form out completely. If you have any questions
or need clarification, please ask at the reception desk.
We will be happy to assist you!

The undersigned hereby grants a private license to Aloha Spa to provide hyperbaric therapy to the undersigned. The undersigned acknowledges that Aloha Spa does not claim to prevent, treat, nor cure any condition. Aloha Spa 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 that may benefit the undersigned.

The undersigned acknowledges giving informed consent to the services that will be provided. The undersigned hereby releases Aloha Spa 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 Aloha Spa the client agrees that the dispute shall be settled by arbitration through the Better Business Bureau of Salt Lake County.

I (print name)____________________ have read, fully understand, and consent to treatments in the mild hyperbaric chamber chamber. I have also completed the health questionnaire which accompanies this consent form, and I agree to hold Aloha Spa harmless from any blame or issues regarding hyperbaric therapy services provided by Aloha Spa.

Although mild hyperbaric therapy has been reported to be beneficial for a wide range of conditions, we do not claim to cure any condition. We do not, recommend our therapies as a substitute for any medical treatments prescribed by your physician.

Signature: ____________________________ **Date:** ________________

Parent/Gaurdian: ______________________ **Date:** ________________

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

____

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Thanks!

Notice of Privacy Practice Summary

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

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

Aloha Spa 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.

Aloha Spa may use your information to provide appointment reminders, information about treatment alternatives or other health-related issues.

You may complain 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.

Aloha Spa 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 under law.

I have read and fully understand the above information.

Signature: ______________________________ **Date:** __________________

Parent/Gaurdian: ________________________ **Date:** __________________

Health History

(circle choice)

1. Y / N Have you had ear problems in the last 10 years?
2. Y / N Do you have any ear problems whe you fly?
3. Y / N Do you have any problems going up/down in an elevator?
4. Y / N Do you have back problems?
5. Y / N Do you feel that you are claustrophobic?

Do you currently have any ear, sinus, or throat congestion, ear infections, head colds or have you had any prior trauma to your ears? Y / N (please circle)

Do you have or have you had any of the following:

- ☐ Acute Respiratory Illness
- ☐ Aids or HIV
- ☐ Anemia
- ☐ Angina
- ☐ Anxiety
- ☐ Asthma
- ☐ Back Pain
- ☐ Cancer
- ☐ Chemical Sensitivity
- ☐ Chest Pains
- ☐ Chronic Bronchitis
- ☐ Chronic Fatigue (CFS)
- ☐ Claustrophobia
- ☐ Diabetes-Insulin Dependent
- ☐ Emphysema
- ☐ Fainting/Seizures
- ☐ Fever Related Seizure
- ☐ Fibromyalgia
- ☐ Frequent Infections
- ☐ Frequently Tired
- ☐ Glaucoma
- ☐ Hay Fever / Allergies
- ☐ Hepatitis / Jaundice
- ☐ Heart Disease
- ☐ Heart Murmur
- ☐ Heart Problems
- ☐ Herpes
- ☐ High Blood Pressure
- ☐ Infections (frequent)
- ☐ Kidney Disease
- ☐ Leukemia
- ☐ Liver Disease
- ☐ Low Blood Pressure
- ☐ Lung Disease
- ☐ Lung Infections (frequent)
- ☐ Malignant Disease
- ☐ Mitral Valve Prolapse
- ☐ Neurological Disease
- ☐ Radiation Therapy
  If yes, When?________
- ☐ Recent Weight Loss
- ☐ Rheumatic Fever
- ☐ Ringing in the Ears
- ☐ Rosacea
- ☐ Seizure Disorders
- ☐ Stomach Problems/Ulcers
- ☐ Stroke
- ☐ Swollen Ankles
- ☐ Thyroid Problems
- ☐ Tuberculosis
- ☐ Other
  ____
  ____

The technologies known as hyperbaric therapy have been reported to have beneficial effects for a wide range of conditions, with only rarely occuring, and generally mild and temporary side effects. Nevertheless, as with many treatments, there are areas of concern which you should beaware of.

OTIC BAROTRAUMA: Ear discomfort can be experienced 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 experience “popping” in your ears. This is normal. You can assist the equalization process by yawing, chewing, swallowing, etc. Doing whatever assists you being comfortable when taking off and landing in a plane 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 your 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 cautious, do not hold your breath during decompression. In the highly unlikely event of an unexpected rapid decompression, it is critical that you exhale immediately. Just relax during your session and breathe 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 PREGNANCY.

SEIZURES: Mild Hyperbaric Therapy is not associated with causing or inducing seizures. IF ANYONE GETTING IN THE CHAMBER IS SEIZURE PRONE, THE STAFF MUST BE MADE AWARE PRIOR TO THE FIRST VIST. If a seizure is experienced in our clinic, unless otherwise instructed, our procedure is to call 911, remove the patient from the chamber and make the individual as comfortable as possible.

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

DIABETES/INSULIN DEPENDENT: Insulin dependency may result in a drop in blood sugar while 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 you 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 faced with a "drop" in the normal management of your condition into the chamber with you.

SENSITIVITY TO CHEMICALS (MCS)/ODORS/ALLERGIES: Please avoid wearing heavy colognes 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 staff well in advance so the proper measures can be taken to assure your comfort.

I have read and fully understand the above information.

Signature: ______________________________ **Date:** __________________

Parent/Gaurdian: ________________________ **Date:** __________________

Thank you!