OXYGENOASIS
A Center for Healing

MEDICAL HISTORY FORM

Primary Diagnosis: _____

Secondary Diagnosis: _____

Have you ever had or are you taking medication for any of the following
(Yes or No):

_____	Previous hyperbaric oxygen therapy	_____	Hay fever (frequent or severe)
_____	Stroke	_____	Frequent colds or sinus condition
_____	Cancer	_____	Any form of lung condition
_____	Rheumatic condition	_____	Chest surgery
_____	Claustrophobia	_____	Epilepsy, seizures, convulsions
_____	Recurring migraine headaches	_____	Blackouts or fainting (full/partial)
_____	Decompression sickness	_____	Diabetes
_____	High Blood Pressure	_____	Prostheses (e.g. limbs, tooth)
_____	Heart / Angina condition	_____	Angina pectoris (Heart pain)
_____	Dentures (removable)	_____	Blood vessel surgery
_____	Asthma or wheezing with breathing	_____	Ear surgery
_____	Hearing Loss	_____	Problems with balance
_____	Problems equalizing (popping) Ears	_____	Bleeding or other blood disorders
_____	Ulcers	_____	Colostomy
_____	Drug abuse (e.g. Alcohol)	_____	Smoking (e.g. tobacco)

If female, is there a possibility that you may be pregnant?_____
_____
Do you have any allergies (e.g. Latex/ Meds)?_____
Have you smoked in the last 6 months?_____
Date & result of latest chest X-ray?_____
Are you now receiving any other forms of therapy?_____
Please elaborate on any positive response (Medications/ Surgeries) and list medications presently taking:
_____
_____
_____

A positive response to any of the above conditions means that there is a pre-existing condition that may affect your safety in receiving hyperbaric oxygen therapy. Such a condition does not necessarily disqualify you from receiving therapy when appropriate means are in place. The point of the checklist is to ensure that you are physically able to receive hyperbaric oxygen therapy in a hyperbaric chamber. Should you have any doubts about your present physical condition, you may wish to consult with your physician.

The information I have provided about my medical history is accurate to the best of my knowledge.

_____ _____
Signature Date

_____ _____
Print name and relationship to client Date