



Functional Health Center
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Informed Consent for Hyperbaric Oxygen Therapy

I hereby request and consent to the supplemental hyperbaric oxygen therapy (HBOT) services of Functional Health Center (FHC) and its employees. I agree to hold FHC harmless for any injury resulting from HBOT.

I understand that, as with any health care treatment or procedure, the possibility exists that certain undesired effects (side-effects) may occur. The most common of these as a result of using hyperbaric therapy is ear barotrauma, or pain in the ears such as one might experience on an airplane. As a rule, this does not harm the ears, but can be uncomfortable or painful.

I do not expect the employees or doctors of FHC to be able to anticipate all risks or occurrences of side-effects. I have had an opportunity to discuss these particulars with FHC and/or with office personnel, and any questions I had, have been answered to my satisfaction. I understand that results cannot be guaranteed, and individuals may respond differently.

I understand that I am responsible for communicating any questions or concerns to the office staff, and I will inform them immediately of any concerns or issues I may have.

In signing this informed consent, I affirm that I have read this form in its entirety and that I understand the nature of hyperbaric oxygen therapy. I also affirm that all my questions regarding related risks have been answered to my satisfaction, and I am assuming all risks of treatment.

I intend this consent form to cover the entire course of treatment for my present condition and for any future condition for which I seek treatment or for which HBOT is rendered.

Printed Name of Patient

Signature of Patient Date

Signature of Patient's Representative (if minor or incapacitated)

Date