



Sara's Garden

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Medical History: Client Form

Primary Diagnosis: _____ Secondary Diagnosis: _____

Allergies: _____

Previous Hyperbaric Oxygen Therapy Treatments (Circle one): Yes No If yes, date of last treatments: _____

Conditions: Please check all that apply. Add more information as necessary.

- ☐ Untreated Tension Pneumothorax: _____ ☐ Latex Allergy: _____
☐ Current Uncontrolled High Fever: _____ ☐ History of Thoracic Surgery / Type: _____
☐ Pregnancy / Number of Weeks Along: _____ ☐ History of Ear Surgery / Type: _____

Medical History: Please check all that apply. Circle as needed.

- ☐ Asthma/Wheezing: _____ ☐ Hearing/Ear Issues: _____
☐ Arthritis/Type: _____ ☐ High Blood Pressure: _____
☐ Blacking Out or Fainting: _____ ☐ Lung: COPD, Emphysema, Bronchitis: _____
☐ Brain Injury/Traumatic or Hypoxic: _____ ☐ Pulmonary Embolism or Blood Clot: _____
☐ Bleeding/Blood Disorder: _____ ☐ Seizures: Epilepsy, Febrile, Other: _____
☐ Decompression Sickness: _____ ☐ Ulcers: _____
☐ Headache: Migraine, Cluster, Other: _____ ☐ Other: _____
☐ Heart Issues: Angina, MI, Arrhythmia: _____

Surgical History: Please check all that apply. Circle as needed.

- ☐ Blood Vessel Surgery: _____ ☐ Implanted Device: _____
☐ Chest Surgery: _____ ☐ Lung Surgery: _____
☐ Current Open Wound: _____ ☐ Other: _____
☐ Joint Replacement: _____

Medical History: Please check all that apply. Circle as needed.

- ☐ Alcohol Use: Occasional, Frequent, Heavy ☐ Other Drug Use: Marijuana, Other
☐ Colostomy, Feeding Tube, Catheter ☐ Problems with Ears During Flying
☐ Contact Lens: Hard or Soft ☐ Seasonal Allergies
☐ Dentures: Removable or Permanent ☐ Smoking: Cigarettes, E-Cigarettes, Cigars, Pipe
☐ Frequent Colds or Sinus Issues ☐ Tobacco Use: Chew, Snuff, Patches

Medication List: Please use back of sheet for additional medications if necessary.

	Name	Dose	How Often
1.			
2.			
3.			
4.			
5.			
6.			
7.			

The information I have provided concerning my medical history and medication list is accurate to the best of my knowledge.

Client or guardian signature

Date