



# Sara's Garden

620 West Leggett Street • Wauseon, OH 43567 • 419.335.7272 • Fax 419.335.5564 • www.SarasGarden.org

## X-Ray Waiver Application

Client  Caregiver

Client/Caregiver Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

If Client - Primary diagnosis \_\_\_\_\_ Secondary diagnosis \_\_\_\_\_

Please answer all of the following questions pertaining to the client or caregiver.

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Do you smoke or live in a smoking environment?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you use any other tobacco products (ie: chew, snuff, patches, etc.)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been diagnosed with a lung disorder (ie: Asthma, Pneumonia, Bronchitis, Chronic colds, Emphysema, Mesothelioma, COPD, Cystic fibrosis, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you recently experienced any unexplained shortness of breath?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had a pneumothorax or collapsed lung?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you a certified scuba diver?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had previous Hyperbaric Oxygen Therapy treatments?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had chest surgery?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had any negative reactions or complications from anesthesia?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been denied participation in sport activities for health reasons?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been denied a surgical procedure for health reasons?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you had more than one X-ray of any kind in the past two years?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been treated with radiation?   | <input type="checkbox"/> | <input type="checkbox"/> |

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

I understand that compressions and decompressions are slowly and carefully timed to prevent pneumothorax and/or over pressurization from occurring. I also understand that I should breathe in a relaxed manner at all times and not hold my breath during decompression. Pneumothorax has never occurred at Sara's Garden.

I understand in waiving the chest X-ray I may have an undiagnosed condition of which Sara's Garden is unaware and Sara's Garden will not be held liable for an individual's voluntary waiver of X-ray.

\_\_\_\_\_  
Client or guardian signature

\_\_\_\_\_  
Date