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

Medical History: Client Form

Name: _____ Date of Birth: _____
Primary Diagnosis: _____ Secondary Diagnosis: _____
Allergies: _____
Desired Benefit of HBOT: _____

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

- ◯ Previous HBOT Treatments; If so, when: _____
- ◯ Current Pneumothorax
- ◯ Previous Pneumothorax; If so, when: _____
- ◯ Currently Pregnant
- ◯ Currently on Chemotherapy
- ◯ Claustrophobia
- ◯ Sinus Issues
- ◯ Problems Equalizing Ears
- ◯ Ventilator Dependent
- ◯ Tracheostomy
- ◯ Implanted Device (ie: Pacemaker, AICD, etc.)
- ◯ Colostomy/Feeding Tube/Catheter
- ◯ Alcohol Use; Rare, Occasional, Daily: _____
- ◯ Caffeine Use; Rare, Occasional, Daily: _____
- ◯ Tobacco Use (ie: Cigarettes, Pipes, Cigar, Chew)
- ◯ Marijuana or Illegal Drug Use
- ◯ Hearing Aid/Hard Contact Lenses
- ◯ Current Dental Work

Medical History: Please check all that apply. Add more as needed.

- ◯ Diabetes; Type 1 or Type 2: _____
- ◯ Heart Condition (Heart Attack, Irregular Rhythm, etc.)
- ◯ Current Cancer
- ◯ Past Cancer; If so, where: _____
- ◯ High Blood Pressure
- ◯ Asthma
- ◯ COPD/Emphysema/Chronic Lung Condition
- ◯ Stroke
- ◯ Hypoxic Ischemic Encephalopathy
- ◯ Pulmonary Emboli/DVT
- ◯ Seizure Disorder; If so, what type: _____
- ◯ Current Pneumonia or Bronchitis
- ◯ Brain Injury/TBI/Concussion
- ◯ Anxiety/Depression
- ◯ Migraine/Cluster Headaches
- ◯ Current Open Wound; If so, where: _____
- ◯ Bone/Soft Tissue Injury; Sports Injury, Sprain or Fracture: _____
- ◯ Other: _____

Surgical History: Please check all that apply. Add more as needed.

- ◯ Lung Surgery
- ◯ Chest Surgery
- ◯ Joint Replacement Surgery
- ◯ Ear Surgery
- ◯ Other: _____

Medication List:
Please provide a copy of your complete medication list.

_____

_____

_____

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

_____ _____
Signature (Client or guardian) Date