



# Sara's Garden

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## 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
- Current Open Wound; If so, where: \_\_\_\_\_
- Bone/Soft Tissue Injury; Sports Injury, Sprain or Fracture: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- 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

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

- Lung Surgery
- Chest Surgery
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Joint Replacement Surgery
- Ear Surgery

**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