



# Sara's Garden

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

## X-Ray Waiver Application

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Primary diagnosis \_\_\_\_\_ Secondary diagnosis \_\_\_\_\_

	Yes	No
Have you had a chest X-ray in the past year?	<input type="radio"/>	<input type="radio"/>

If you answered "Yes" above, please provide a copy of the chest X-ray report.

If you answered "No" above, please answer the following questions.

	Yes	No
Do you smoke or live in a smoking environment?	<input type="radio"/>	<input type="radio"/>
Do you use any other tobacco products (ie: chew, snuff, patches, etc.)?	<input type="radio"/>	<input type="radio"/>
Have you ever been diagnosed with a lung disorder (ie: Asthma, Pneumonia, Bronchitis, Chronic colds, Emphysema, Mesothelioma, COPD, Cystic fibrosis, etc.)	<input type="radio"/>	<input type="radio"/>
Have you ever had a pneumothorax or collapsed lung?	<input type="radio"/>	<input type="radio"/>
Are you a certified scuba diver?	<input type="radio"/>	<input type="radio"/>
Have you ever had previous Hyperbaric Oxygen Therapy treatments?	<input type="radio"/>	<input type="radio"/>
Have you ever had chest surgery?	<input type="radio"/>	<input type="radio"/>

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.

\_\_\_\_\_  
Signature (Client or guardian)

\_\_\_\_\_  
Date