

**Hyperbaric Services of the Palm Beaches, LLC**  
**5130 Linton Blvd., Suite H3 & 4**  
**Delray Beach, FL 33484**  
**561-819-6125 Fax 561-819-6127 800-983-8582**

Patient Assessment Form for Hyperbaric Exposure

I have seen \_\_\_\_\_ and reviewed all relevant tests of which include a recent chest x-ray, EKG, CBC, and Chemistry Panel and he/she has no contraindications for hyperbaric oxygen therapy including:

- EKG abnormalities
- Abnormal Chest x-ray
- Abnormal lab tests
- COPD
- Sub pleural bullae or blebs
- Coin lesion
- Pneumothorax
- Air-containing cysts
- Atelectasis
- Upper respiratory infection (middle ear and/or sinuses)
- Lower respiratory
- Inability to perform Valsalva (or any auto-inflate maneuver)
- Patient has a therapeutic level if the patient is on medication for seizures that is monitored by a blood test.

Additional Tests Needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This patient, \_\_\_\_\_, is cleared for hyperbaric oxygen therapy.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_