

1. Indication for HBOT
Chronic non-healing wound
Radiation tissue injury
Osteomyelitis
Carbon monoxide poisoning
Skin/fat graft/flap compromise
Post surgical recovery:
Other Click to Write an Answer
2. Contraindication Screening
Absolute Contraindications
Untreated pneumothorax
Recent use (≤7 days) of bleomycin, cisplatin, disulfiram, or doxorubicin
Refuses consent
Relative Contraindications / Risk Factors
COPD or emphysema with CO ₂ retention / bullous lung disease
Asthma
Seizure disorder / history of epilepsy
Recent ear surgery or tympanic membrane rupture
Chronic sinus congestion / URI
Congestive heart failure or severe LV dysfunction
Pregnancy
Claustrophobia
Poorly controlled diabetes
— 1 corry controlled diabetes

< <patient_lastname>> <<patient_firstname>> <<patient_birthdate>></patient_birthdate></patient_firstname></patient_lastname>
Active fever or systemic infection Other: Click to Write an Answer
3. Medical History
Pulmonary disease (COPD, asthma, interstitial lung disease)
Cardiac disease (CAD, arrhythmia, CHF, valve disease)
Neurologic disorder (stroke, seizure, TIA)
ENT issues (ear surgery, sinus disease, difficulty equalizing pressure)
Surgical history relevant to chest/lungs: Click to Write an Answer
Allergies: _
Current medications:
4. Physical Examination Vital Signs:
Exam Findings:
Ears/TM normal
Sinus clear
Lungs clear
Cardiac regular rhythm
Neuro baseline intact
Wound evaluation completed
Other: Click to Write an Answer
5. Diagnostic Tests (as indicated) Chest X-ray



< <patient_lastname>> <<patient_firstname>> <<patient_birthdate>></patient_birthdate></patient_firstname></patient_lastname>
EKG
PFTs
CBC/Coags
Blood glucose
Results: _ Click to Write an Answer
6. Risk Stratification
Cleared for HBOT
Cleared with precautions (explain): Click to Write an Answer
Not cleared for HBOT
7. Patient Counseling / Instructions
Risks, benefits, and alternatives explained
Informed consent obtained
Pressure equalization techniques reviewed
Jewelry, oils, flammable materials removed
Diabetic: meal and glucose check performed





Provider Attestation

I have reviewed the above history, examination, and testing.

The patient, << Patient_FirstName>> << Patient_LastName>> << Patient_Birthdate>>, is:

Cleared Cleared with precautions Not cleared

Staff/Provider:



<<User_FirstName>> <<User_LastName>>