DR JOHN P SALERNO
SALERNO WELLNESS

INFORMED CONSENT FOR HYPERBARIC OXYGEN THERAPY

PREFERRED OFFICE LOCATION
☐ NY ☐ CT

I, the undersigned, hereby request and consent to undergo Hyperbaric Oxygen Therapy (HBOT) at Salerno Wellness. I understand that HBOT involves breathing 95–100% oxygen in a pressurized environment and is considered experimental for certain conditions. I have been informed of alternative treatment options and have had all of my questions answered to my satisfaction.

Treatment Overview
HBOT exposes the body to elevated oxygen levels, typically up to three times normal atmospheric pressure. Treatment protocols may require a minimum of 20 sessions, depending on the condition being treated. Sessions may not exceed two one-hour treatments per day, separated by at least four hours. Patients may discontinue treatment at any time after notifying the clinic.

Risks and Benefits
Potential benefits of HBOT include improved tissue oxygenation, enhanced healing, and increased overall wellness. Risks may include lung irritation, oxygen toxicity, ear barotrauma, or other complications in individuals with pre-existing lung or sinus conditions. I acknowledge that the benefits and risks have been explained to me and that I may decline treatment at any time.

Contraindications and Exclusions
HBOT is contraindicated or may only be performed with a physician's written clearance under the following conditions:

Absolute Contraindications or Exclusions:
- Untreated Pneumothorax (collapsed lung)
- Current or Prior infection with Tuberculosis
- Pregnancy
- Active chemotherapy treatment (must be at least six weeks post-treatment), including but not limited to the following drugs: Bleomycin, Doxorubicin, Cisplatin

Relative Contraindications:
- Severe claustrophobia
- Chronic Obstructive Pulmonary Disease (COPD) or severe asthma
- Current upper respiratory infections, fever greater than 100°F
- Prior ear injury (barotrauma), nasal or ear congestion, inability to equalize ear pressure, recent ear surgery, or ear tube insertion
- Recent thoracic surgery or transplant surgery
- Seizure disorders
- Bleeding disorders or use of blood thinners
- Hereditary Spherocytosis or Sickle Cell Anemia
- Air embolism
- Alcohol or drug intoxication at the time of session
- Eye conditions including cataracts, macular degeneration, optic nerve inflammation, or recent eye injury
- Brain lesions or neurological abnormalities
- Implanted pacemaker or defibrillator rated for less than 1.0 ATA*

Pacemaker Disclosure*:
I understand that in case I have a pacemaker or implanted defibrillator, I must disclose this information and obtain a clearance letter from my cardiologist allowing me to participate in HBOT sessions up to 2.5 ATA (approximately 253 kPa, 36 psi, or 1900 mmHg of absolute pressure).

NYC: (212) 582-1700 | 345 E 37th St., Suite 208, New York, NY 10016
CT: (475) 269-3128 | 2 Trap Falls, Suite 503, Shelton, CT 06484
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Safety Guidelines

I understand that due to the oxygen-rich environment, strict safety precautions must be followed during Hyperbaric Oxygen Therapy.

- No flammable objects such as cell phones, lighters, or computers are permitted in or near the chamber.
- Smoking of cigarettes or other substances is counterproductive to treatment and strictly prohibited. The smell of smoke or other substances may become ingrained in the equipment and disturb other clients.
- Perfumes, oils, hairspray, and makeup should not be used before treatment. These substances leave residues for other clients, and the chamber's pressurization can drive them deeper into the body.
- No food or beverages other than water are permitted inside the chamber.
- Only cotton clothing or clinic-provided scrubs may be worn in the chamber. No metal items, zippers, buttons, jewelry, or rings are allowed. Shoes are not permitted; socks will be provided.

Financial Responsibility

I acknowledge that Hyperbaric Oxygen Therapy may not be covered by insurance, as it is considered experimental for some conditions. I accept full financial responsibility for all services rendered and understand that reimbursement from insurance is not guaranteed.

No Guarantee of Outcome

I understand that no guarantee, assurance, or warranty has been made regarding the outcome or effectiveness of treatment. Results may vary based on individual medical conditions and adherence to treatment recommendations.

Post-Treatment Travel Restriction

I understand that I should not fly or travel to high altitudes within 48 hours after treatment.

Consent and Acknowledgment

I have read and fully understand this informed consent form. I have disclosed all relevant medical information and agree to notify the clinic of any changes to my health status. I voluntarily consent to receive Hyperbaric Oxygen Therapy at the Salerno Wellness.

PATIENT'S NAME	DATE	RESPONSIBLE PARTY NAME (IF APPLICABLE)	DATE

PATIENT'S SIGNATURE	RESPONSIBLE PARTY SIGNATURE (IF APPLICABLE)

RELATIONSHIP TO PATIENT

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