forget me not medicine

WHAT IS HYPERBARIC THERAPY?

Hyperbaric Oxygen Therapy is an amazing, simple, and non-invasive way to saturate your body with oxygen. More Oxygen = Faster Healing and Less Inflammation as it Boosts your Immune System! Forget Me Not Medicine now has a chamber where you can come in and try hyperbarics out for yourself.

Hyperbaric Oxygen Therapy has been utilized worldwide for over a decade. In many countries it is a primary treatment for a variety of conditions including, but not limited to, multiple sclerosis, radiation damage, autism, stroke and arthritis. Many illnesses and ailments can be directly linked to either poor oxygenation or poor circulation. Hyperbarics can help!

The Science Supporting Hyperbaric Therapy:

Henry's Law states that "a gas dissolved by a liquid in direct proportion to its partial pressure." Simplified: Oxygen under pressure dissolves in liquid. Red blood cells have a limitation as to how much oxygen can bind with hemoglobin.

By placing someone in a hyperbaric chamber, the atmospheric pressure increases, causing more oxygen to be dissolved in the plasma, which can be diffused to the surrounding tissues. More oxygen in this form generally means better cellular health.

Many Hyperbaric clients have reported positive results, such as:

Inflammation - Oxygen is nature's anti-inflammatory medicine. One hour in a hyperbaric chamber does the equivalence of 40 Motrin, without harming the liver.

Athletes - Increased stamina and greater goal achievement has been realized. Today more and more professional athletes have come to rely on hyperbarics for their healing and performance.

ADHD and/or Autism - Improved communication, energy and focus has been reported by this community in relation to hyperbaric therapy.

Multiple Sclerosis, Stroke, Crohn's, and those with **Neuropathy** have reported improved mobility, strength and clarity, as well as less discomfort/pain.

Chronic Issues (such as **Fibromyalgia** and **Migraines**) have found a better quality of life and comfort.

We are all meant to be whole and healthy. Forget Me Not Medicine is here to help!

Dr. Lisa Del Alba, ND - 1695 Jefferson St., Eugene, OR 97402 - **Scheduling 541-799-6097**
www.forgetmenotmedicine.com

NEW PATIENT INFORMATION
Hyperbaric Oxygen Therapy

CONTINUE ONLY IF:
Not currently prescribed or taking medications: Bleomycin, Disulfiram, Mafernide Acetate

Do not have or suspect having: Hereditary Sperocytosis, Sickle Cell Anemia, COPD

Date: _____

Name: _____

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Check Appropriate Box: ☐ Minor ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated

If Minor, Parent or Legal Guardian:

Spouse's Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Person to Contact in Case of Emergency: _____ Phone: _____

What is Your Primary Reason for Coming to Forward Health Solutions?

_____

_____

Who May We Thank for Referring You? _____

Physician Information

☐ Yes ☐ No Are You Currently Under a Doctor's Care?

Physician's Name: _____

Address: _____

City: _____ State: _____ Phone: _____

Patient Medical History

Yes No

☐ ☐ Are you under medical treatment now?

☐ ☐ Do you exercise on a regular basis?

If so, how often? _____

☐ ☐ Do you use tobacco?

☐ ☐ Have you ever been hospitalized for any surgical operation or serious illness within the last 5 years?

If yes, please explain:

_____

_____

_____

_____

Yes No

☐ ☐ Do you use alcohol?

If so, how often? _____

☐ ☐ Are you pregnant or think you may be pregnant?

If so, how many weeks? _____

If no, what was the date of your last menstrual period? _____

☐ ☐ Are you taking medication(s)?

If yes, what medication(s) are you taking?

_____

_____

_____

List any medications you are allergic to: _____

Do you have or have you had any of the following?

Yes	No		Yes	No		Yes	No	
☐	☐	Acute Respiratory Illness	☐	☐	Frequent Ear Infections	☐	☐	Mitral Valve Prolapse
☐	☐	AIDS or HIV Infection	☐	☐	Frequently Tired	☐	☐	Neurological Disease
☐	☐	Anemia	☐	☐	Glaucoma	☐	☐	Radiation Therapy
☐	☐	Angina	☐	☐	Hay Fever / Allergies			If YES, When? _____
☐	☐	Anxiety	☐	☐	Hepatitis / Jaundice	☐	☐	Recent Weight Loss
☐	☐	Arthritis	☐	☐	Heart Attack	☐	☐	Respiratory Problems
☐	☐	Asthma	☐	☐	Heart Disease	☐	☐	Rheumatic Fever
☐	☐	Back Pain	☐	☐	Heart Murmur	☐	☐	Ringing in the Ears
☐	☐	Cancer	☐	☐	Heart Problems	☐	☐	Rosacea
☐	☐	Chemical Sensitivity	☐	☐	Herpes	☐	☐	Seizure Disorders
☐	☐	Chest Pains	☐	☐	High Blood Pressure	☐	☐	Stomach Problems/Ulcers
☐	☐	Chronic Bronchitis	☐	☐	Infections, Frequent	☐	☐	Stroke
☐	☐	Chronic Fatigue (CFS)	☐	☐	Kidney Disease	☐	☐	Swollen Ankles
☐	☐	Claustrophobia	☐	☐	Leukemia	☐	☐	Thyroid Problems
☐	☐	Diabetes – Insulin Dependent	☐	☐	Liver Disease	☐	☐	Tuberculosis
☐	☐	Emphysema	☐	☐	Low Blood Pressure	☐	☐	Other
☐	☐	Fainting / Seizures	☐	☐	Lung Disease			_____
☐	☐	Fever Related Seizures	☐	☐	Lung Infection, Frequent			_____
☐	☐	Fibromyalgia	☐	☐	Malignant Disease			_____

☐Yes ☐No Have you ever had any ear problems?
☐Yes ☐No Do you have any problems with your ears when you fly?
☐Yes ☐No Do you have any problems going up and down in an elevator?
☐Yes ☐No Do you have back problems?

Patient Comments:

_____

_____

_____

I certify that I have read and understood the above information to the best of my knowledge. The above questions have been accurately answered. I authorize the release of any medical information from my chart to any physician or physicians who may be involved in my medical treatment. I understand it is my responsibility to update this information as needed. This includes changes in medical condition/diagnosis, medications, as well as personal and physician contact information. I agree to be responsible for payment of all services rendered on my or my dependents behalf.

_____

Signature of patient (parent or guardian)

Provider's Comments:

Hyperbaric Oxygen Therapy Consent Form

Patient Name: _____ DOB: _____

CONTINUE ONLY IF:

- *You are **not** currently prescribed or taking these medications:*
  - *Bleomycin, Disulfiram, Mafernide Acetate*
- *You do **not** have or suspect having:*
  - *Hereditary Spherocytosis, Sickle Cell Anemia, COPD*

The technology, known as Hyperbaric Oxygen Therapy (HBOT), has been reported to have beneficial effects for a wide range of conditions, without negative side effects. Nevertheless, as with many treatments, there are areas of concern which you should be aware. It is important that you take a few minutes to read the following information.

***OTIC BAROTRAUMA**: Is a condition of injury to the eardrum, and is extremely unlikely to occur in the Hyperbaric chamber. However, severe ear discomfort can be caused if you cannot equalize the pressure in your ears. As the chamber is pressurized and depressurized you must be able to equalize the pressure in your ears to acclimate to the pressure changes. You will most likely experience "popping" in your ears. This is normal. You can assist the equalization process by yawning, chewing, swallowing, working your jaw side to side and up and down, turning the head side to side and ear to shoulder. Sitting upright in the chamber during pressurization and depressurization will generally also make the equalization process more comfortable. In general, doing whatever assists you being comfortable when taking off and landing in a plane may be most effective for you. Continue to do this as needed for the duration of pressurization and depressurization. When the chamber reaches full pressure and again when the chamber is completely deflated there should be no additional pressure in the ears. **IF YOU ARE UNABLE TO EQUALIZE EAR PRESSURE AND EXPERIENCE PAIN IN ONE OR BOTH EARS, IT IS CRITICAL THAT YOU COMMUNICATE ANY DISCOMFORT IMMEDIATELY TO THE STAFF.** This will give us the opportunity to make adjustments in the pressurization or depressurization process to eliminate discomfort. If you are unable to equalize the pressure in your ears the visit will be immediately terminated. If this happens or if pain persists beyond the visit, we recommend that you consult your physician to evaluate and alleviate the situation before attempting another visit.*

***EAR, SINUS AND/OR THROAT CONGESTION, HEAD COLDS, VIRUS OR PRIOR TRAUMA TO THE EARS**: You may consider rescheduling your visit in the chamber if you are suffering from any of these conditions. Discomfort from these conditions is less frequent but may occur. **IF YOU ARE UNABLE TO EQUALIZE EAR PRESSURE AND EXPERIENCE PAIN IN ONE OR BOTH EARS, IT IS CRITICAL THAT YOU COMMUNICATE ANY DISCOMFORT IMMEDIATELY TO THE STAFF** so we can assist you or terminate your visit. We recommend you consult your physician in order to alleviate the underlying condition before attempting another visit.*

***PULMONARY HYPEREXPANSION**: This condition is very rare under Hyperbaric treatments. However, to be overly cautious, **HOLDING YOUR BREATH DURING DECOMPRESSION MUST BE AVOIDED** as it could lead to expansion of the air in your lungs and damage to the lung tissues. In the highly unlikely event of an unexpected rapid decompression, it is critical that you exhale immediately.*

MEDICATIONS**: Hyperbaric Therapy may enhance the effectiveness or increase the metabolism (decrease the effectiveness) of any medication you are taking. **IT IS RECOMMENDED THAT YOU HAVE THE DOSAGE AND FREQUENCY OF ALL MEDICATIONS MONITORED AND ADJUSTED REGULARLY BY YOUR PHYSICIAN.
***PREGNANCY: HYPERBARIC THERAPY IS NOT ALLOWED DURING THE FIRST TRIMESTER.** After this time it may be beneficial to both mother and child. **INITIALS** _____*

***SEIZURES**: Hyperbaric Therapy is not associated with causing or inducing seizures. **IF ANYONE GETTING IN THE CHAMBER IS SEIZURE PRONE, THE STAFF MUST BE MADE AWARE PRIOR TO THE FIRST VISIT.** If a seizure is experienced in our clinic, unless otherwise instructed (and a waiver is signed), our procedure is to call 911, remove the patient from the chamber and make the individual as comfortable as possible.*

***DETOXIFYING OR CELL DIEOFF**: Hyperbaric Therapy may assist the body to naturally detoxify and balance digestive flora. **AN INDIVIDUAL MAY EXPERIENCE SOME DISCOMFORT FROM THIS PROCESS IN AS LITTLE AS 1 TO 36 HOURS AFTER TREATMENT.** Symptoms may include; flu like symptoms, loss of appetite, stomach ache, constipation, diarrhea, headache, behavioral issues etc.*

Although unpleasant, this is a natural process and continuing treatments may be of benefit to more rapidly accomplish a positive result. However ***IF SYMPTOMS PERSIST, WE RECOMMEND CONSULTING YOUR PHYSICIAN TO EVALUATE AND ALLEVIATE THE SITUATION BEFORE ATTEMPTING ANOTHER VISIT.***

PNEUMOTHORAX*: Hyperbaric Therapy is contraindicated for an existing pneumothorax (collapsed lung).* ***IF YOU HAVE A PNEUMOTHORAX OR SUSPECT THAT A PNEUMOTHORAX IS AN ISSUE, YOU WILL NOT BE ALLOWED IN THE CHAMBER UNTIL YOU/WE RECEIVE A DOCTOR'S CLEARANCE.*** *If you have experienced a pneumothorax in the past and have already been "cleared from your doctor" to resume normal activity, once you have provided a written confirmation you should be able to proceed with Hyperbaric Therapy.*

COMPRESSIVE BRAIN LESIONS – SUBDURAL HEMATOMA, INTERCRANIAL HEMATOMA*: Hyperbaric Therapy is contraindicated for existing compressive brain lesions (subdural hematoma, intercranial hematoma).* ***IF YOU HAVE COMPRESSIVE BRAIN LESIONS OR SUSPECT THAT COMPRESSIVE BRAIN LESIONS ARE AN ISSUE, YOU WILL NOT BE ALLOWED IN THE CHAMBER UNTIL YOU/WE RECEIVE A DOCTOR'S CLEARANCE.*** *If you have experienced compressive brain lesions in the past and have already been "cleared from your doctor" to resume normal activity, once you have provided a written confirmation you should be able to proceed with Hyperbaric Therapy.*

DIABETES / INSULIN DEPENDANT*: Insulin dependency may result in a drop in blood sugar while in the chamber.* ***IT IS CRITICAL THAT YOU IMMEDIATELY COMMUNICATE TO THE STAFF IF YOU EXPERIENCE OR ANTICIPATE AN EPISODE. YOUR TREATMENT WILL BE TERMINATED.*** *You are required to; A) take a blood sugar reading prior to your treatment (if below 150, you must have a snack prior to treatment) and again after your treatment (if below 150, you must have a snack prior to leaving). B) Take a protein bar and a juice box (or whatever you use if faced with a "drop" in the normal management of your condition) into the chamber with you.*

SENSITIVITY TO CHEMICALS (MCS) / ODORS / ALLERGY*: Avoid wearing heavy colognes as the smells may linger in the chamber and have an adverse effect on another patient.* ***IF YOU EXPERIENCE ADVERSE SENSITIVITY OR HAVE ALLERGIES THAT MAY BECOME AGGRAVATED WHILE IN THE CHAMBER, LET THE STAFF KNOW PRIOR TO YOU VISIT OR AS SOON AS POSSIBLE WHEN IN THE CHAMBER SO MEASURES CAN BE TAKEN TO ASSURE YOUR COMFORT OR IF YOUR VISIT NEEDS TO BE TERMINATED.*** *We recommend that you wear a charcoal mask or filter if it is known to assist your condition. If these sensitivities persist and you cannot exist comfortably in the chamber, you will need to consult your physician in order to alleviate the underlying condition before attempting another visit.*

I have read and fully understand the above information.

Signature: _____ **Date:** _____

PRIVATE LICENSE

The undersigned hereby grants a Private License to Forget Me Not Medicine to provide Hyperbaric therapy to the undersigned. The undersigned acknowledges that Forget Me Not Medicine does not claim to prevent, nor cure any conditions by use of hyperbaric medicine.

The undersigned acknowledges giving Informed Consent for HBOT. The undersigned hereby releases Forget Me Not Medicine from all claims and liabilities arising from the use or misuse of hyperbaric therapy indemnifying and holding Forget Me Not Medicine harmless from all claims and liabilities wherefrom, whatsoever.

In the unlikely event that the client has a dispute with Forget Me Not Medicine the client agrees that the dispute shall be settled by arbitration.

I (print name) _____ have read, fully understand and consent to treatments in the Hyperbaric Chamber.

Although Hyperbaric therapy has been reported to be beneficial for a wide range of conditions, this therapy is not meant as a cure for any condition or disease and no therapeutic outcomes can be guaranteed. We do not in any way recommend hyperbaric therapy as a substitute for any medical treatments prescribed or suggested by any medical physician. We do not make any guarantees to any results that an individual may experience. We do not accept insurance for our services.

Signature:_____**Date:**_____

HEALTH INFORMATION AUTHORIZATION FORM

Patient Name:_____Date of Birth:_____

THE PATIENT IDENTIFIED ABOVE AUTHORIZES FORGET ME NOT MEDICINE TO USE AND/OR DISCLOSE PROTECTED HEALTH INFORMATION IN ACCORDANCE WITH THE FOLLOWING:

SPECIFIC AUTHORIZATIONS

I give permission to Forget Me Not Medicine to use my address, phone number and clinical records to contact me with appointment reminders, missed appointment notifications, birthday cards, holiday related information, treatment alternatives, or other health related information.
Initial_____

I give permission to Forget Me Not Medicine to leave a phone message on my answering machine or voice mail.
Initial_____

Signature:-_____**Date:**_____

Provider's Comments:

forget me not medicine

Dr. Lisa Del Alba ND, Benjamin Bell LMT, CMA

PATIENT ACKNOWLEDGEMENT OF THE NOTICE OF PRIVACY PRACTICES

I acknowledge that I was provided a copy of the Forget Me Not Medicine privacy practices.

_____ _____

Patient Name Date

_____

Patient/Representative Signature

___ I **DO NOT** want to have my medical information disclosed to family and friends.

Forget Me Not Medicine
1695 Jefferson St.
Eugene OR 97402
541-799-6097 scheduling line