



Consent Agreement to Oxygen Therapy

Please read and acknowledge each of the following statements by signing below.

I understand that oxygen therapy uses an increase in atmospheric pressure in a sealed chamber (barochamber) to allow the body to absorb more oxygen at a cellular level to promote healing and wellness. I understand that the amount of atmospheric pressure used by this chamber is a maximum of 2 bars absolute pressure or the equivalent of 33 feet in depth.

I understand that oxygen therapy is not intended to diagnose, treat, cure or prevent disease.

As with any therapy, there are no guarantees as to any positive physical or emotional response and the fees are services rendered and not benefits received. I procure this therapy at my own risk. I understand that I may neither observe or realise any benefits from this therapy. I understand that oxygen therapy is not a substitute for any medical treatment prescribed or suggested by my physician.

I understand that as the chamber is pressurised and depressurised, I may need to equalise the pressure in my ears to acclimatise to the pressure changes and may experience popping in my ears. **If I am unable to equalise ear pressure and experience pain in one or both ears, I will immediately communicate the discomfort so adjustments may be made to eliminate discomfort.** If I am unable to equalise the pressure in my ears, the therapy session may be terminated or modified.

I understand that I may experience minor ear, sinus or other discomfort. I acknowledge that a member of staff is present to work with me to provide comfort in the event of any discomfort I may experience, but that staff member may not be a trained healthcare worker. I attest that I am a consenting adult over the age of 18 and that I agree to enter the chamber at my own free will. I am entering the chamber at my own risk and without the coercion of sales pressure from any associate or employee.

I am not aware of any physical conditions with which I suffer or have that would or should preclude my undertaking of this therapy. If I have any doubts, concerns or questions I will, prior to undertaking such therapy, see and obtain medical advice from a physician.

An induction will be carried out prior to you receiving treatment. Please read prohibited items list.

By signing, I attest to the fact that I have fully read, understood and consented to this therapy.

Print name:

Date:

Signature:

Disclaimer - The content and information provided by Oxygen Therapy Cambridge is for informational and educational purposes only and is not intended as medical advice. It is recommended that clients consult a physician if there is any medical problem before commencing any form of oxygen therapy. In accordance with UK and EU legislation, we confirm that there is no intention implied or otherwise that oxygen therapy is given so with the intention of it being a cure, diagnosis or as a preventative for any disease.