

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

## **Prohibited Items and Pre-Treatment Checklist Agreement**

**YES | NO ARE YOU WEARING ANY OF THESE PERSONAL ITEMS?**

		Any clothes that were not provided by the hyperbaric team (gown/scrubs only)
		Undergarments (underwear/bra)
		Jewelry (rings, necklace, earrings, piercings)
		Deodorant/Antiperspirant
		Cologne/Perfume/Body Spray/After-shave
		Lotion/Cream
		Makeup
		Nail polish
		Hair products (spray, mousse, oil, gel, cream)
		Hair accessories (hair ties, pins, clips, headbands, wig, extensions)

**YES | NO ARE YOU WEARING ANY OF THESE DEVICES OR EYEWEAR?**

		Continuous glucose monitor (e.g. Dexcom, Freestyle Libre)
		Insulin pump
		Hard contact lenses
		Soft contact lenses
		Glasses
		Dentures/Partial plate
		Hearing aid
		Medication delivery patches
		Ostomy pouch
		Urinary collection bag
		Wound Vac
		Pacemaker/Defibrillator/Loop Recorder/Stimulator/Cochlear Implant

YES	NO	ADDITIONAL QUESTIONS
		I am wearing a wound dressing or bandage.
		I have been asked and/or checked for hidden objects.
		My valuables and personal items are secure.
		I have had the opportunity to use the restroom.
		All my questions have been answered.
		My grounding bracelet is in place.
		I am comfortable.

I understand that certain items are prohibited inside the hyperbaric chamber. If I am to provide any misinformation to the hyperbaric team, I could be risking the safety of myself and others. I confirm that the above information is correct and any other questions or pertinent information has been discussed with the hyperbaric team.

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Patient Signature

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Date

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FOR OFFICE USE ONLY:

Any questions under Personal Items or Devices that are answered with a “yes” must be discussed with the patient, thoroughly. Please verify that all answers are correct, all wound dressings are safe for use in hyperbaric, and any drainage devices are empty or disconnected.

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Hyperbaric Technician Signature