

HBOT Services, LLC
NEW CLIENT INFORMATION

Today's date: _____ Full Name: _____ Cell Phone: _____

Address: _____ City _____ State: _____ Zip Code: _____

Date Of Birth: _____ Email Address: _____

Emergency Contact: Name: _____ Their Cell Number: _____

Known Allergies: _____

What is your primary reason for coming to HBOT:

HBOT treatment will be denied if you are taking the following meds: Bleomycin, Disulfiram, Mafenide Acetate. HBOT treatment will be denied if you have or suspect: COPD, Hereditary Spherocytosis, and Sickle Cell Anemia. A doctor script would be required.

How did you hear about HBOT Services, LLC? _____

All prepaid packages must be used within a 60 day time period unless you have received written authorization from HMS. Packages are non-refundable. Any unused session(s) will be donated to several different medical agencies and/or raffled for charity.

Initial _____

Missed Appointments/Cancellation Policy/We require 24 hour notice

We take great pride in the time and service we provide to our clients. We take your time very seriously and are committed to serving you with the highest level of respect, integrity, and cost-effective manner. While some client cancellations are inevitable, cancellations, no shows, come at a great expense to our organization.

So therefore, you will be charged back a single session; amount as determined by the package you purchased. Single session, 3, 5 sessions or 10 sessions. **Initial:** _____

Signature of the participant _____ Date: _____ Witness: _____