



PATIENT REGISTRATION

Dear Patient,

Our team at Triad Integrated Massage Therapy led by Julio Genao is so pleased that you chose to incorporate our Hyperbaric Oxygen Therapy (HBOT) into your wellness protocol. It is our goal to help you determine how HBOT will benefit you and any existing health conditions. Our body's tissues need oxygen to function. The air we breathe is 21% oxygen. HBOT involves breathing 100% (pure) oxygen while in a special space called a hyperbaric chamber. The air pressure inside is raised to a level that is higher than normal air pressure. The increased air pressure in the chamber helps the lungs collect more oxygen. Getting more oxygen to the tissues that need it can help the body heal and fight certain infections.

After you fill out the registration forms, you will meet with our Nurse Practitioner to go over your health history and pertinent information that will determine if you are a candidate for HBOT. At this appointment, it would be very helpful to bring any current blood work that you may have done within a 1 year period. We hope this appointment will be pleasant and you will feel confident in your decision to undergo HBOT. Do not hesitate to ask any and all questions that you may have. The second part of your consultation is the kinesiology / muscle testing portion of your assessment. Julio strongly believes and works from a belief that the body is strongly connected to our mind. Your session with Julio will then be followed up with your dive in the hyperbaric chamber.

Prior to arriving for your consultation, please fill out all paperwork, sign all documents, bring any blood work and the names of any medications you are currently taking. Doing this ahead of time will make things go quickly and help us to facilitate your consultation properly.

As per our office policy, if you cancel within less than 24 hours you will incur a fee of \$50 that needs to be paid before scheduling your next appointment.

Thank you in advance.

The Team at Triad Integrated Therapy

**17 Technology Drive
(located with Outlift Athletics)
East Setauket, NY
www.triadimt.com
631-372-3222**

Patient Name: _____

Signature of Patient or Responsible Party: _____

Date: _____

Name of Person Financially Responsible: _____

authorizes Triad Integrated Massage Therapy to keep my signature on file and to charge my
Visa / Mastercard for any late fees incurred from canceled appointments (less than 24 hours) no
shows or additional HBOT packages or visits.

Patient Name: _____

Cardholder Name: _____

Cardholder Address, City, State, Zip

Credit Card Type:

Mastercard _____

Visa _____

Account Number: _____

Expiration Date: _____ CVV# _____

Date _____

Cardholder signature Name (as it appears on card): _____

NAME: _____ **DATE:** ____/____/____

DATE OF BIRTH: ____/____/____ **AGE:** ____ **SEX:** ____

MARITAL STATUS: _____

PRIMARY PHONE NUMBER for appointment confirmations:
cell/home/other _____

SECONDARY PHONE: _____

EMAIL ADDRESS: _____

ADDRESS:

CITY: _____ **STATE:** _____

ZIP: _____

EMPLOYER: _____

PHONE: _____

EMERGENCY CONTACT:

PHONE: _____

RELATIONSHIP:

PRIMARY CARE DOCTOR:

PHONE: _____

CURRENT MEDICATIONS Please be advised: It is our policy to request pharmacy profiles on all patients.

Medication	Dose	Times Taken Per Day

MEDICATION ALLERGIES (IF NONE, PLEASE MARK N/A - NOT APPLICABLE):

HABITS: Smoke Cigarettes? YES NO If yes, how many per day? _____
For how long? _____ Former Smoker? YES NO When did you quit? _____

Drink Alcohol? YES NO How many drinks? _____ How often? _____
Addictive Drugs: YES NO If yes, which ones? _____

IS THERE ANY CHANCE YOU ARE CURRENTLY PREGNANT? YES ___ NO ___

Your Occupation: _____ Height: _____ Weight: _____

DIAGNOSED MEDICAL CONDITIONS (IF NONE, PLEASE MARK N/A - NOT APPLICABLE):

SURGICAL HISTORY (IF NONE, PLEASE MARK N/A - NOT APPLICABLE):

WHAT IS THE PRIMARY REASON YOU ARE SEEKING TO DO HBOT?
