

7900 Chapin Drive NE • PO Box 607 • New London, MN 56273 • 320-347-1212 • 877-824-2101 • 3rdopinion.us

Patient Name: _____ DOB: _____

Hyperbaric Oxygen Therapy/ IV Therapy Referral Sheet

Today's Date: _____

Consult:

Order:

(Dr. Sult will take responsibility of order and f/u after each 10 sessions)

(Referring provider will assume responsibility of the patient during and following treatments)

HYPERBARIC OXYGEN THERAPY

- Patient Comfort Protocol utilized. Treatment duration of 60-120 minutes with a maximum pressure of 2.0 ATA. Initial here if you do not want Patient Comfort Protocols implemented _____
- Neurological Protocol – target depth of 1.5 ATA and may go to 2.0 ATA with a treatment duration of 60-120 minutes
- Infection/Wound Healing Protocol – up to 2.0 ATA with a treatment duration of 60-120 minutes.

IV THERAPY

- Chelation – Send creatinine lab result (Needed within the last month, if available)
- Myers
- UVLRx
- Vitamin C (we start at 25g and work up to a maximum of 100g per treatment.)

Referring Provider: _____

Clinic Name: _____

Address: _____

Phone Number: _____ Fax: _____

Email: _____

Referring Provider Signature: _____

***Please attach most recent history and physical, diagnosis, medications and allergies list.**
Fax: 320-347-1200

Patient Name: _____ DOB: _____

Address: _____

Phone Number: _____ Email: _____

Chief Complaint: _____

Current Medical Concerns: _____

Social History: Smoking _____ pk/day Alcohol _____ Illegal Drugs _____

Physical Limitations (eyesight issues/balance weakness, etc.): _____

Medical History / Review of Systems (Check Box if applicable):

Cardiovascular:

- NONE
- Angina / chest pain
- Arrhythmia / Palpitations
- CABG / Cardiac Surgery
- CHF
- Coronary Stent
- Hypertension
- MI / CAD
- Pacemaker / AICD
- Poor Exercise Tolerance
- PVD
- Valvular Disease
- Other _____

Hematologic:

- NONE
- Anemia
- Bleeding/Clotting Disorder
- Cancer
- Chemotherapy
- Sickle Cell Disease / Trait
- Other _____

Pulmonary:

- NONE
- Asthma
- COPD / Emphysema
- Cough
- CPAP
- PND / Orthopnea
- Sleep Apnea
- Smoking History
- SOB
- Wheezing
- URI
- Other _____

GYN / GU Renal:

- NONE
- Kidney Disease
- LMP _____
- Pregnant
- UTI
- Other _____

Neuromuscular:

- NONE
- Cerebrovascular Disease
- Dementia
- Neuromuscular Disease
- Osteoarthritis
- Psychiatric Disorder
- Rheumatoid Arthritis
- Seizures
- Syncope
- TIA / Stroke
- Other _____

GI Endocrine:

- NONE
- Cirrhosis
- Diabetes Type _____
- Hepatitis Type _____
- Hiatal Hernia
- Obesity
- Recent Steroid Injection
- Reflux
- Thyroid Disease
- Other _____