1 PATIENT INFORMATION

1 PATIENT DETAILS

NAME

DOB

AGE / SEX

MRN / PATIENT ID

DATE OF SERVICE

PROVIDER

CREDENTIALS

REFERRAL SOURCE

VISIT TYPE: HYPERBARIC MEDICINE CONSULTATION / TREATMENT VISIT / FOLLOW-UP

CARE SETTING: OUTPATIENT HYPERBARIC CENTER / INPATIENT / WOUND CARE CENTER

PRIMARY CARE PROVIDER, IF APPLICABLE

WOUND CARE PROVIDER / SURGEON, IF APPLICABLE

CC CHIEF COMPLAINT

2 PRIMARY HYPERBARIC MEDICINE CONCERN

Primary hyperbaric medicine-related reason for the visit in the patient's own words when possible — non-healing wound, diabetic foot ulcer, radiation injury, compromised graft or flap, osteomyelitis, carbon monoxide exposure, decompression illness, sudden sensorineural hearing loss, or hyperbaric oxygen therapy follow-up...

S SUBJECTIVE

3 PATIENT-REPORTED SYMPTOMS, HBOT INDICATION & TREATMENT TOLERANCE

3a INDICATION & CONDITION COURSE

Reason for Hyperbaric Medicine Evaluation (HBOT candidacy evaluation, initial treatment clearance, routine treatment follow-up, wound reassessment, treatment intolerance, complication concern, post-treatment monitoring):

Primary Condition / HBOT Indication (diabetic foot ulcer, chronic refractory osteomyelitis, delayed radiation injury, compromised flap or graft, crush injury, necrotizing infection, carbon monoxide poisoning, decompression sickness,

arterial gas embolism, other approved indication):

Symptom Onset and Course (onset, duration, severity, progression, prior treatment response; whether improving, worsening, stable, recurrent, or non-healing):

Wound or Tissue Injury History, if applicable (wound location, laterality, duration, cause, prior measurements, drainage, odor, pain, infection history, debridement history, vascular status, offloading or compression use, dressing plan):

Radiation Injury History, if applicable (cancer history, radiation site, radiation dates and dose, symptoms of soft tissue radionecrosis or osteoradionecrosis, dental or oral complications, bleeding, pain, fibrosis, ulceration, planned surgery in irradiated tissue):

3b TREATMENT COURSE & TOLERANCE

Treatment Course (number of HBOT treatments completed, prescribed treatment plan, pressure and duration, missed treatments, response to therapy, barriers to attendance):

Treatment Tolerance (ear pressure, sinus pressure, claustrophobia, anxiety, vision changes, chest discomfort, shortness of breath, oxygen toxicity symptoms, seizure-like symptoms, hypoglycemia, fatigue, other treatment-related concerns):

Diabetes / Glucose History, if applicable (diabetes status, blood sugar trends, insulin or medication use, hypoglycemia history, pre- and post-treatment glucose issues, HbA1c, glycemic control barriers):

3c SAFETY-RELEVANT MEDICAL HISTORY

Pulmonary / ENT History (COPD, asthma, pneumothorax history, chest surgery, pulmonary blebs, oxygen use, sinus disease, ear surgery, tympanostomy tubes, eustachian tube dysfunction, hearing issues, barotrauma history):

Cardiovascular / Neurologic History (CHF, CAD, arrhythmia, seizure disorder, stroke, implanted devices, pacemaker or ICD status, syncope, neurologic symptoms relevant to HBOT safety):

Medication / Exposure History (chemotherapy agents, steroids, anticoagulants, insulin, hypoglycemic agents, seizure-threshold-lowering medications, smoking or nicotine use, other medications or exposures relevant to HBOT safety or wound healing):

Prior Evaluation and Treatment (wound care, debridement, antibiotics, vascular intervention, imaging, cultures, graft or flap procedures, radiation oncology notes, ENT evaluation, audiology testing, infectious disease evaluation, surgical recommendations):

Pertinent Negatives (untreated pneumothorax, active seizure symptoms, severe claustrophobia, ear or sinus pain, chest pain, severe dyspnea, acute neurologic symptoms, uncontrolled fever, hypoglycemia symptoms):

ROS HYPERBARIC MEDICINE REVIEW OF SYSTEMS

4 PERTINENT POSITIVES & NEGATIVES

Wound pain, drainage, odor, swelling, redness, or delayed healing	
Fever, chills, fatigue, or systemic infection symptoms	
Ear pain, ear pressure, hearing change, sinus pain, or congestion	
Chest pain, dyspnea, cough, wheezing, or oxygen requirement	
Vision changes, headache, dizziness, seizure-like symptoms, or neurologic changes	
Claustrophobia, anxiety, or treatment intolerance	
Hypoglycemia symptoms, hyperglycemia symptoms, or diabetes control concerns	
Smoking / nicotine use, medication issues, or adherence barriers	

O OBJECTIVE

5 OBSERVED FINDINGS

V VITALS

TEMPERATURE

BLOOD PRESSURE

HEART RATE

RESPIRATORY RATE

OXYGEN SATURATION

WEIGHT

BMI

PAIN SCORE

PRE-TREATMENT BLOOD GLUCOSE, IF APPLICABLE

POST-TREATMENT BLOOD GLUCOSE, IF APPLICABLE

5a GENERAL, ENT & PULMONARY

General Appearance (distress level, alertness, mobility, nutritional appearance, ability to tolerate chamber treatment, overall clinical condition):

ENT (tympanic membrane appearance, ear canal findings, ability to equalize pressure, sinus tenderness, congestion, barotrauma findings, tympanostomy tubes, hearing concerns):

Pulmonary (breath sounds, wheezing, crackles, work of breathing, oxygen requirement, chest wall findings, signs of respiratory instability):

5b CARDIOVASCULAR, NEUROLOGIC & SKIN

Cardiovascular (rate, rhythm, murmurs, edema, peripheral perfusion, signs of heart failure or volume overload):

Neurologic (mentation, focal deficits, seizure concern, dizziness, gait, findings relevant to HBOT safety):

Skin / Wound Examination (wound appearance, tissue injury, radiation changes, flap or graft appearance, cellulitis, drainage, necrosis, edema, perfusion, periwound skin):

WA WOUND / TISSUE INJURY ASSESSMENT, IF APPLICABLE

6 DESCRIBE EACH WOUND OR TISSUE INJURY SEPARATELY

WOUND NUMBER

LOCATION AND LATERALITY

WOUND ETIOLOGY

LENGTH × WIDTH × DEPTH

EXUDATE AMOUNT, COLOR, CONSISTENCY, ODOR

OFFLOADING, COMPRESSION, OR DRESSING STATUS

WOUND PHOTOGRAPHS OBTAINED, IF APPLICABLE

COMPARISON TO PRIOR MEASUREMENTS

Undermining or tunneling:

Wound bed tissue type; exposed tendon, bone, joint, capsule, hardware, or graft material:

Periwound condition:

Signs of infection, ischemia, necrosis, or radiation injury:

Pain with wound care or palpation:

HB HBOT TREATMENT DETAILS, IF TREATMENT PERFORMED

7 HYPERBARIC OXYGEN SESSION RECORD

TREATMENT NUMBER COMPLETED

TOTAL TREATMENTS PRESCRIBED

TREATMENT PRESSURE

TREATMENT DURATION

AIR BREAKS, IF USED

COMPRESSION AND DECOMPRESSION TOLERANCE

PRE-TREATMENT ASSESSMENT COMPLETED

POST-TREATMENT ASSESSMENT COMPLETED

Ear / sinus symptoms during treatment:

Glucose monitoring and intervention, if applicable:

Adverse events or complications:

Patient tolerance and disposition after treatment:

SS CONTRAINDICATION / SAFETY SCREENING

8 HBOT SAFETY REVIEW

UNTREATED PNEUMOTHORAX STATUS

PULMONARY HISTORY AND CHEST IMAGING REVIEW, WHEN INDICATED

EAR / SINUS BAROTRAUMA RISK

SEIZURE HISTORY OR SEIZURE RISK

CLAUSTROPHOBIA OR ANXIETY RISK

PREGNANCY STATUS, WHEN CLINICALLY RELEVANT

IMPLANTED DEVICE OR PACEMAKER / ICD STATUS

CHEMOTHERAPY OR MEDICATION CONTRAINDICATION REVIEW

GLUCOSE RISK ASSESSMENT IN DIABETIC PATIENTS

SMOKING / NICOTINE USE AND FIRE SAFETY COUNSELING

Ability to follow chamber safety instructions:

L LABORATORY AND DIAGNOSTIC RESULTS

9 RESULTS REVIEWED OR ORDERED

Wound / Infection Labs (CBC, ESR, CRP, cultures, glucose, HbA1c, renal function, albumin, prealbumin, nutrition markers):

Imaging (X-ray, MRI, CT, bone scan, chest X-ray, vascular imaging; imaging for osteomyelitis, abscess, pneumothorax, radiation injury, or tissue viability):

Vascular Studies (ABI, TBI, toe pressures, $TcPO_2$, arterial duplex, venous duplex, angiography, revascularization reports):

Audiology / ENT Testing (audiogram, tympanometry, ENT evaluation, ear tube documentation):

Carbon Monoxide / Decompression Testing, if applicable (carboxyhemoglobin level, ABG, neurologic evaluation, dive profile, emergency records):

Prior Records Reviewed (wound care notes, operative reports, radiation oncology records, infectious disease notes,

vascular records, imaging reports, cultures, prior HBOT records):

A ASSESSMENT

10 HYPERBARIC MEDICINE CLINICAL INTERPRETATION

Primary HBOT indication or working diagnosis. HBOT candidacy and medical necessity. Treatment progress and response to HBOT. Wound or tissue injury severity. Presence or absence of infection, ischemia, osteomyelitis, radiation injury, compromised graft or flap, or delayed healing. Barriers to healing including diabetes control, vascular disease, smoking, malnutrition, infection, edema, pressure, or adherence issues. Treatment tolerance and any HBOT-related complications. Safety concerns or contraindications. Need for continued HBOT, modification of the treatment plan, wound care changes, imaging, vascular evaluation, surgery, infection management, or discontinuation of therapy…

P PLAN

11 HYPERBARIC MEDICINE MANAGEMENT

HBOT plan (indication, prescribed number of treatments, treatment frequency, pressure and duration parameters, continuation, modification, pause, or discontinuation). Wound care plan (cleansing, dressings, debridement, offloading, compression, negative pressure therapy, graft or flap monitoring, wound clinic follow-up). Infection management plan (cultures, antibiotics, imaging, infectious disease referral, osteomyelitis evaluation, source control). Vascular assessment plan (ABI / TBI, $TcPO_2$, arterial imaging, vascular referral, revascularization review, perfusion monitoring). Diabetes and nutrition optimization plan (glucose monitoring, pre- and post-treatment glucose precautions, HbA1c review, protein intake, nutrition support, coordination with primary care or endocrinology). ENT and barotrauma prevention plan. Safety plan (chamber safety education, prohibited items, fire safety, nicotine avoidance, glucose precautions, seizure precautions, emergency symptoms). Referral and coordination plan. Patient education…

F FOLLOW-UP

12 REASSESSMENT PLAN

Follow-up timeframe and purpose (HBOT session continuation, wound reassessment, treatment tolerance review, glucose monitoring, imaging or lab review, vascular evaluation follow-up, ENT reassessment, completion-of-therapy evaluation):

TB TIME DOCUMENTATION & BILLING

TOTAL TIME SPENT

HBOT TREATMENT SUPERVISION TIME, IF APPLICABLE

PROCEDURE TIME, IF APPLICABLE

COUNSELING / COORDINATION OF CARE TIME

RECORDS REVIEW TIME, IF APPLICABLE

BASIS FOR BILLING: TIME-BASED / MDM / HBOT SUPERVISION / PROCEDURE-BASED

E/M LEVEL, IF APPLICABLE: 99203 / 99204 / 99205 / 99213 / 99214 / 99215

HYPERBARIC OXYGEN THERAPY CODE(S), IF APPLICABLE

WOUND PROCEDURE CODE(S), IF APPLICABLE

PRIMARY ICD-10 DIAGNOSIS CODE + DESCRIPTION

SECONDARY ICD-10 DIAGNOSIS CODE(S), IF APPLICABLE

SO PROVIDER SIGN-OFF

PROVIDER NAME

CREDENTIALS

SPECIALTY: HYPERBARIC MEDICINE / WOUND CARE

DATE

TIME