

# Hyperbaric Oxygen Therapy (HBOT)

## Referral

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

Referring to: CHECK ONE location: Delmar or South Burlington

\_\_\_\_ Stram Center for Integrative Medicine  
90 Adams Place, Delmar, NY 12054  
Tel: (518) 689-2244; Fax: (518) 689-2081

\_\_\_\_ Stram Center for Integrative Medicine  
150 Kennedy Drive, Burlington, VT 05403  
Tel: (802) 891-3459; Fax: (802) 376-1814

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

**Date of Birth:** \_\_\_\_\_

**Patient Tel:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**Recommended number of sessions:** Leave blank if you prefer Stram Center staff to determine

5\_\_\_ 10\_\_\_ 20\_\_\_ 40\_\_\_ 50\_\_\_ 80\_\_\_ 100\_\_\_

**Frequency:**

3x/week\_\_\_ 4X/week\_\_\_ 5X/week\_\_\_

**Recommend Pressure (in ATA):** Leave blank if you prefer Stram Center staff to determine; please note: we will start with a lower pressure and advance as tolerated to goal pressure

Goal pressure: 1.5\_\_\_ 1.75\_\_\_ 2.0\_\_\_ 2.2\_\_\_ 2.4\_\_\_

**Referring Provider Name:** \_\_\_\_\_

**Referring Provider Signature:** \_\_\_\_\_

**Referring office contact information:**

**Address:** \_\_\_\_\_

**Tel:** \_\_\_\_\_

**Fax:** \_\_\_\_\_