

## Application for North Carolina Hyperbaric Oxygen Therapy (HBOT) Assistance

1. Please complete all pages below --
  - a. Personal History Form.
  - b. Personal Testimony
  - c. Sign and date the Code of Conduct & Consent form.
  
2. Please also include the following --
  - a. Supporting documentation stating a diagnosis of Traumatic Brain Injury (TBI), Post-Concussion Syndrome (PCS), and/or Post Traumatic Stress Disorder (PTSD).
  - b. If you are separated from the military -- a copy of your most recent DD214. If you have it or can get it, please send the long version of the DD214. The long version has seven additional blocks at the end (box 23-29) which provides separation information. If you do not have a long version DD214, please provide us with supporting information from the military stating your separation and character of service (i.e. honorable, general, etc.).
  - c. If active-duty -- your ID card and/or most recent orders.
  - d. A copy of your Driver's License or Military ID

**PLEASE NOTE:** Everything listed above should be included in the submitted application to be considered for the program.

You may be subject to a background check.

# Personal History Form

1. Name: \_\_\_\_\_
2. Birthdate: \_\_\_\_\_
3. Street Address: \_\_\_\_\_
4. Mailing Address (if different): \_\_\_\_\_
5. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
6. Email Address: \_\_\_\_\_
7. Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
8. Spouse/Caregiver Name \_\_\_\_\_
9. Gender:        Male            Female
10. Military Status (Check One):            Active-Duty            Veteran
11. If separated from the military what was your Character of Service?  
          Honorable                                  General, Under Honorable Conditions  
          Other than Honorable                  Bad Conduct  
          Dishonorable                              Other: \_\_\_\_\_
12. If Character of Service was not Honorable, please explain:
13. Did you serve in combat?    Yes    No    If yes, where? \_\_\_\_\_
14. Branch of Service: \_\_\_\_\_
15. How did you hear about this program?
16. Have you been diagnosed with one of the following? (Check all that apply)  
  
          TBI                    PTSD                    PCS
17. Is your TBI, PTSD, or PCS combat related?    Yes    No

## Personal Testimony

Please help us understand why you should be considered for North Carolina's Hyperbaric Oxygen Therapy Assistance program. Please explain your situation below, or feel free to type your response separately and submit.

1. Please provide a testimony/explanation about your situation:

2. Describe your symptoms and the way they impact or have impacted: 1) your life; 2) your work; 3) your family.

3. Describe your goals for treatment:

4. Do you have a caregiver? If so, please give a short summary of who this person is and how your TBI, PCS, and/or PTSD has impacted his/her life. Please explain the goals they'd like you to reach by participating in this program.

## Code of Conduct & Consent

This Hyperbaric Oxygen Therapy (HBOT) Program was established to address the significant need for safe and effective treatment for former military or active-duty personnel who are struggling with TBI, PTSD or PCS. The program is supported by funding provided by the North Carolina legislature for veterans or active-duty personnel living in North Carolina.

Hyperbaric Oxygen Therapy is non-invasive and uses the combination of oxygen and pressure to help ease the symptoms of TBI, PTSD, and PCS. It is a clinically proven therapy. This particular HBOT Assistance program provides 40 HBOT treatments to the heroes of North Carolina at a health & wellness clinic in Raleigh, NC that specializes in HBOT. If desired, you may also qualify for complimentary hotel accommodations M-Th to stay in proximity of the clinic, Extivita-RTP. The 40 treatment sessions can be completed in as little as 4 weeks or spaced out over 3 months.

It is imperative that each applicant sign and date the following Code of Conduct. If accepted into this HBOT Program and medically cleared for treatment, I agree to:

1. Attend treatment and/or therapy sessions consistently and timely as prescribed by the doctor and the treatment center.
2. Notify the treatment clinic or my treatment coordinator as soon as possible of any deviation from prescribed treatment or schedule, regardless of the reason.
3. Honestly and accurately describe my experiences and results.
4. Keep confidential any personal information that may be acquired during treatment or interaction with other patients while receiving treatment.
5. Be courteous and respectful of others who are in the care of the clinic, including the staff of Extivita-RTP.
6. Refrain from abuse of prescription and non-prescription drugs during the entire duration of treatment. Including, abstaining from using alcohol, tobacco, marijuana, CBD or illegal drugs, and any other non-prescribed medications (if you take over-the-counter medication, please discuss this with the clinic physician).

By signing below, you agree to each of the above statements, and consent to sharing your information with any organization that assists this program and its mission to help you; this consent may include providing your ANAM test results & HBOT treatment results to substantiate additional support for others needing this therapy.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*\*Electronic signatures are accepted.*

## You Can Send Your Completed Application by Email and Fax

**Email:** You have two choices to complete & email this application:

1. Complete the application digitally, save & attach to email
2. Print the application, complete by hand, scan & attach to email

[contact@extivita.org](mailto:contact@extivita.org)

**Fax:** Please print, fill out and fax the application to:

919-645-4081

For this HBOT Assistance Program, the treatment coordinators at the clinic, Extivita – RTP, are Kristy Andrews & Sarah Fragnito. Once you submit your application, it will be sent to them for review & consideration. You will typically hear back from one of them within a few business days.

For your records, their contact information is also listed below if you need to reach out directly about the status of your application.

Kristy Andrews

Direct: 919-354-3795

Sarah Fragnito

Direct: 919-354-3796