

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

1. Please complete all pages below --
 - a. Personal History Form
 - b. Sign and date the Code of Conduct & Consent Form
2. Please submit a copy of your Driver's License or Military ID, and one of the following:
 - a. Copy of DD214 (include the long version, which has seven additional blocks at the end (box 23-29) which provides your separation and character of service (i.e. honorable, general, etc).

OR

- b. An HR letter, or active papers if active duty

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

While not common, 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. Gender: Male Female
9. Military Status (Check One): Active-Duty Veteran
10. If separated from the military what was your Character of Service?
Honorable
General, Under Honorable Conditions
Other: _____
11. If Character of Service is anything other than Honorable of General, please explain:

12. Branch of Service: _____
13. Are you a member of Special Operations? _____
14. Have you ever been diagnosed with one of the following? (Check all that apply)
TBI (Traumatic Brain Injury)
PTSD (Post-Traumatic Stress Disorder)
15. Have you had suicidal ideations within the past 60 days? Yes No
If you are currently experiencing suicidal ideations, know that confidential crisis help and support is available by calling the Veterans Crisis Line at 988.
16. How did you hear about 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 military personnel who need help eliminating suicidal ideations and improving their overall health and well-being. Hyperbaric Oxygen Therapy (HBOT) is non-invasive and a clinically proven therapy. Learn more at <https://www.extivita.org/veterans/>

Military members residing in North Carolina who are coping with Traumatic Brain Injury (TBI) and/or Post-Traumatic Stress Disorder (PTSD) can qualify for 40 complimentary Hyperbaric Oxygen Therapy (HBOT) sessions at Extivita-RTP in Raleigh, NC. This opportunity is currently made possible by funding provided by the North Carolina legislature. Additionally, for those facing health issues not related to brain health, HBOT 4 Heroes, a 501(c)(3) nonprofit organization supporting the Extivita clinic, can still aid in the veteran receiving 40 HBOT treatments, this is supported by corporate sponsors and private donations.

Commitment to the program is crucial, with the expectation that all 40 treatments are completed within a reasonable time. Completing the full course of treatment is essential for optimal results, even if improvements are felt early on. The 40 treatment sessions can be completed in as little as 4 weeks (2 treatments a day, 5 days a week), or spaced out across 3-4 months.

ANAM testing is conducted at the start and end of the treatment protocol. These results not only provide valuable insights into each veteran's healing journey, but also contribute anonymously to our Legislative Report. This data is crucial in demonstrating our efficacy rate, which in turn supports our funding efforts to continue providing these life-changing treatments to our American heroes and ending veteran suicide.

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 as soon as possible of any deviation from prescribed treatment or schedule, regardless of the reason. Furthermore, this requires you to put a credit card on file and be responsible for payment of the scheduled session if you are a no-show.
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 in the care of the clinic, including the staff.
6. Refrain from abuse of prescription and non-prescription drugs during the entire duration of treatment.

By signing below, you agree to each of the above statements, and consent to sharing your ANAM test results & HBOT treatment results to substantiate additional support for others needing this therapy. You have the option to remain anonymous in the reporting of these results.

Print Name: _____ Date: _____

Signature: _____

**Electronic signatures are accepted.*

Please Submit Your Application:

Remember to send a copy of your ID, and DD214 or active papers in addition to this completed application

<u>Email:</u> Complete the application digitally, save & attach to email with supporting documents to:
Mills Lebo mills.lebo@extivita.org

OR

<u>Fax:</u> Please print & fax the application and supporting documents to:
919-645-4081

Once you submit your application you will typically hear back within a few business days. Feel free to reach out to Mills anytime for your application status.

Mills Lebo
Extivita-RTP
Customer Service Representative
Direct: 919-354-3770
mills.lebo@extivita.org

If you are working with HBOT 4 Heroes, please feel free to reach out to Kristy Andrews if you have questions or need further assistance.

Kristy Andrews
HBOT 4 Heroes
Development Manager
Direct: 919-354-3795
kandrews@hbot4heroes.org