Patient Intake Form

Are you a candidate for laser therapy?

Laser therapy is an FDA cleared modality for the treatment of pain and inflammation and the temporary increase of microcirculation. Increased microcirculation can provide relief for many acute and chronic conditions. This form is a tool to help your clinician determine if you are a candidate for laser therapy. If you answer yes to any of these questions you will need to discuss details of your condition with your clinician.

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Please che	ck YES or N	IO to the questions below			
YES □	NO □	Do you have a pacemaker or any oth	er impla	anted devices?	
YES □	NO □	Are you pregnant?			
YES □	NO □	Do you have cancer?			
YES 🗆	NO □	Are you taking medications that may	increas	e your sensitivity to light?	
YES 🗆	NO ☐ Have you had a steroid injection in the last 7 days?				
Laser Informed Consent					
Laser therapy is a safe, non-invasive, FDA cleared modality for the treatment of pain and the temporary increase of microcirculation. Increased microcirculation can provide relief for many acute and chronic conditions. Laser therapy utilizes visible and invisible laser radiation, therefore, appropriate eye protection is required at all times during treatment.					
immediate	results aft	nent will continue for up to 18 hours. er the first treatment or depending or u begin to feel results.			
		nay occur after your first laser session. Ing may occur from the soft tissue mai			
You are reconstitution for v	-	omplete the Patient Intake Form prior	to trea	tment to ensure that laser the	rapy is a viable
	☐ I understand the above and consent to treatment				
	I understa	nd that failing to complete any part of	f my tre	atment program will reduce m	y chances of
	Patie	nt Signature		Date	
Print Patient Name					
	Staff	s Name		Date	