

Deep Tissue Heat Laser Questionnaire and Consents

5191 S. Yosemite St., Suite B, Greenwood Village, CO 80111

This questionnaire is in addition to the initial intake form (which must have been completed within the last two years).

Patient Contact Information

Name: _____ Date: _____

DOB _____ Age: _____ Male Female If minor, name of parent: _____

Cell #(_____) _____

Complete the information below if it has changed since completing the initial intake form:

Address: _____ City: _____ State: _____ Zip: _____

E-mail address: _____

Employer: _____ Occupation: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Laser therapy is an FDA-cleared modality for treating pain and inflammation and the temporary increase of microcirculation. Increased microcirculation can provide relief for many acute and chronic conditions. **If you answer yes to any of these questions, you must discuss the details of your condition with your clinician.**

Please check YES or NO to the questions below:

YES NO Do you have a pacemaker or any other implanted device?

YES NO Are you pregnant?

YES NO Do you have cancer?

YES NO Are you taking any medications that may increase your sensitivity to light?

YES NO Have you had a steroid injection in the last 7 days?

Laser therapy utilizes visible and invisible laser radiation; therefore, appropriate eye protection is always required during treatment. The effects of your treatment will continue for up to 18 hours. Individuals respond uniquely to treatment; you may see immediate results after the first treatment, or depending on the severity of your condition, you may require several treatments before you begin to feel results. Increased soreness may occur after your first laser session. This is a normal healing phenomenon known as retracing. Mild bruising may occur from your treatment program's soft tissue manual therapy element.

Your Printed Name

Signature

Date