

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: _____

Married or have a life partner? Yes No Significant other's name: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

2nd Contact: _____ Relationship: _____ Phone: _____

PRP Therapy

Platelet-Rich Plasma (PRP) therapy involves using your own blood components to promote healing and tissue regeneration. Blood will be drawn from you, processed to concentrate platelets, and then reintroduced into targeted areas of your body.

Potential Benefits:

- Reduced pain and inflammation
- Enhanced tissue regeneration and healing
- Improved joint function and mobility

Potential Risks and Complications:

- Temporary bruising, swelling, or soreness at injection sites
- Infection (rare)
- Bleeding or hematoma formation
- Nerve damage or tissue injury (rare)
- Allergic reaction (extremely rare)

Procedure Details:

- Your blood will be drawn using standard techniques.
- The blood sample will be processed to separate the platelets.
- Concentrated platelets (PRP) will be injected into the targeted treatment areas.

Patient Responsibilities:

- Inform your provider about your complete medical history, medications, allergies, or recent illnesses.
- Follow pre and post-treatment care instructions as provided.
- Report any unusual symptoms or complications immediately.

Consent and Authorization:

I acknowledge that I have discussed the PRP treatment with my healthcare provider, including potential risks, benefits, alternatives, and expected outcomes. I have had ample opportunity to ask questions and have received satisfactory answers.

I understand that results may vary and cannot be guaranteed.

By signing below, I give my consent to Integrative Health Inc. to perform Platelet-Rich Plasma (PRP) therapy as described above.

Patient Signature: _____

Date: _____

Print Name: _____

Signature: _____ Date: _____

Deep Tissue Heat Laser Therapy

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 the soft-tissue manual therapy component of your treatment program.

Your Printed Name

Signature

Date

Helpful Patient Information for PRP Therapy

It is helpful for the patients to provide radiology reports for any studies that have been performed (X-rays, MRI, CT, etc.), along with any notes regarding prior therapies or treatments (such as steroid injections, physical/occupational therapy, etc.).

Precautions Prior to Treatment

1. Stop aspirin and blood-thinning supplements (fish oil, turmeric, ginger, etc.) **10 days prior to injections.**
 - If on prescription blood thinners (Coumadin, warfarin, Plavix, etc.), patients should consult with their prescribing physicians as to the safety and timing of stopping these medications prior to injections.
2. Avoid NSAIDs (ibuprofen, naproxen) for 7-14 days before injection

Possible Indications for Treatment

- Tendon injury/tendinitis (shoulder rotator cuff, tennis/golfer's elbow, Achilles tendon injury, etc.)
- Ligament injury (medial & lateral collateral ligaments of knee, ankle, etc.)
- Joint pathology (meniscal injury of knee, degenerative disease/arthritis of knee, shoulder, wrist, etc.)
- Fascial pathology (plantar fasciitis, IT band injury, etc.)
- Muscle/Cartilage injury
- NOT indicated for spine/vertebral/nerve issues

Post Treatment

- Avoid NSAIDs (ibuprofen, naproxen) for 7-14 days after injection.
- Avoid smoking, caffeine, and alcohol for 3 days
- Gradual return to activity per provider instructions. No strenuous exercise for 3 days
- May experience bruising or tenderness.
- Soreness is normal for 3-7 days
- Follow-up as needed or provider instructions

Keep a positive attitude! Plan for success and keep your spirits high!
Stress can impede the healing process, so keep that smile going ☺



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