

LASER CONSULTATION FORM

Pain Assessment

Patient Name

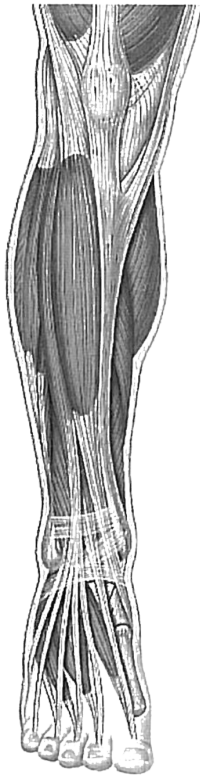
Date

POSITIVE EFFECTS OF LASER THERAPY

- Improves and Promotes Healing
- Reduces Pain and Spasm
- Increases Joint Flexibility
- Improves Peripheral Microcirculation
- Detoxifies and Eliminates Trigger Points
- Advanced Pain Relief

BENEFITS TO PATIENT

- Foster Patient Satisfaction
- Deep Penetration Delivers More Laser Energy to the Target Tissues
- Faster Treatment Times
- Effective Treatment in 3-8 minutes
- Foster Patient Recovery Time



COLOR CHART

Red Pen = Primary Pain | **Blue Pen** = Secondary Pain

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Patient Information

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Patient Name | Date of Birth | Date |

Is this your first treatment? (check one) Yes No If no, what number treatment is this for you?

Do you have any implants, including artificial joints? (check one) Yes No If yes, where?

What injury and/or pain are you being treated for today?

How do you feel today BEFORE your laser treatment? Please provide as much detail possible.

How do you feel today AFTER today's treatment? Please provide as much detail possible.

I swear that the statements made above are true to the best of my knowledge.

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|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| Patient Signature | Date |

LASER CONSULTATION FORM

Commonly Asked Questions

How should I dress for laser treatment?

Your laser treatment must be delivered directly to your skin. Wear clothing that will allow access to the area. Shorts, sweatpants or looser clothing would suffice.

How many treatment sessions I need?

The number of laser sessions you will need depends on the nature and duration of your condition and other factors. Some acute conditions will respond in six or fewer sessions, whereas chronic conditions may take more treatments.

What does it feel like to get treatment?

Most patients describe it as a very soothing, warm sensation. Since the laser is a high-powered therapy laser, your skin may get warm during the treatment. Many patients feel a significant reduction in pain on the first visit. Occasionally, patients will feel slightly more pain immediately after the treatment - and then feel better the next day.

How will I feel after the treatment?

You may feel pain relief after the first treatment. For some patients, it may take longer. Most patients report feeling very relaxed, or even tired. If you feel significantly less pain, keep in mind that pain reduction is just one goal. The laser is giving your body's cells more energy so they repair and regenerate new tissues. The effect of laser therapy treatments is cumulative. You will be getting more benefit with successive treatments.

Do I need to take special precautions after my laser treatment?

For the most part, no. However, you do not want to over-exert and re-injure yourself. You may need to make changes in your work station at your office. If you are planning to work out, you may want to reduce the intensity, or change the nature of your exercise. Discuss this with your doctor.

Should I use ice or pain relief gel after my laser treatment?

One effect of the laser treatment is vasodilation - which means your blood and lymphatic vessels have a larger diameter. This helps with inflammation reduction, but for some people the vasodilation can also make them sore. Use ice on the area, as directed by your doctor. You could also use a pain relief gel, like Arnica.

I feel a lot better - but I have sessions remaining. What should I do?

Pain relief is just one goal in your care. Laser treatments help your body's repair and regeneration processes. We suggest that you use all the treatments in the package to ensure the most effective care possible.

Why do I have to wear safety glasses during my laser treatment?

The laser is a high-powered therapy laser. Laser light can be focused by the lens of your eye, and potentially cause damage to your retina. The safety glasses you wear specifically block out the wavelengths of light produced by the laser.

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Informed Consent For Infrared Laser Therapy

Laser therapy is a safe and effective therapy that is FDA cleared for the temporary relief of pain and reduction of symptoms associated with mild arthritis and muscle pain. Laser also promotes relaxation of muscle spasm and promotes vasodilation. Adverse effects from laser therapy are normally rare and temporary.

Pain relief from laser therapy may be dramatic and substantial, lasting for hours, days or weeks. However, your results may be minimal or insignificant. Adverse effects of laser therapy may occur from multiple causes including hypersensitivity, pre-existing health conditions, thermal effects, excessive pressure from the probe, and laser over-stimulation. Laser light can damage the retina in your eye. **Always wear the laser protective glasses provided.**

The most common adverse effects are the following:

- Temporary increase in pain during application of laser.
- Temporary increase in pain the following day after laser therapy.
- Mild bruising from vasodilation or direct pressure of laser tip.
- Temporary dizziness.
- Over-reactions when photosensitizing drugs (e.g. birth control) are used with laser therapy.

Patients that should exercise caution prior to receiving laser therapy or not receive laser therapy at all:

- Patients being treated for thyroid issues.
- Patients currently or formerly treated for any type of cancer (including skin).
- Pregnant women (unless the laser is not directed toward the abdomen).
- Patients with epilepsy.
- Patients with very dark skin.
- Patients with tattoos.
- Patients that feel overheated or have recently exercised due to possibility of increased laser absorption. It is possible to reduce the effect to 50% but not recommended.
- Patients with implants. Please inform the doctor of any implants.

Patients should never:

- Look directly into the beam.

I understand the risks of laser therapy and agree to the treatment program outlined by my doctor.

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| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Patient Signature | Please Print Name | Date of Birth | Date |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Employee Witness Signature | | Date | |