



CHEW VALLEY

Laser Therapy & Wellness Clinic

PATIENT INFORMATION SHEET

Name: _____ Date: _____ Sex: M / F
 Full Address: _____
 Home Phone #: _____ Work Phone #: _____
 Employer: _____ Dr's Name / Ph. #: _____
 Date of Birth: _____ Health Card #: _____

Current Health Habits	Yes	No	Patients Comments	Doctor's Comments
Did/do you smoke?				
Did/do you drink any alcohol?				
Are you concerned about your diet?				
Have you been in accidents?				
Current medications? How Long?				
Allergies?				
Exercise regularly?				
Females; Are you pregnant?				
Sleeping posture <input type="checkbox"/> side <input type="checkbox"/> stomach <input type="checkbox"/> back				

Is there a family history of: Heart Disease Arthritis Cancer Diabetes Other _____

Present Complaint: _____

Pain or problem started on _____

Pains are: Sharp Dull Constant Intermittent

What activities aggravate your condition/pain? _____

What activities lessen your condition/pain? _____

Is condition worse during certain times of the day? _____

Is this condition interfering with your work? _____ Sleep? _____ Daily Routine? _____ Other? _____

Is condition getting progressively worse? _____

Have you seen any other Doctors seen for this condition? _____

Any effective treatments? _____

Have you experienced any side effects from the drugs and surgeries? _____

Other Symptoms:

<input type="checkbox"/> Headaches	<input type="checkbox"/> Pins and Needles in legs	<input type="checkbox"/> Fainting
<input type="checkbox"/> Neck Pain	<input type="checkbox"/> Pins and Needles in Arms	<input type="checkbox"/> Loss of Smell
<input type="checkbox"/> Sleeping Problems	<input type="checkbox"/> Numbness in Fingers	<input type="checkbox"/> Loss of Taste
<input type="checkbox"/> Back Pain	<input type="checkbox"/> Numbness in Toes	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Nervousness	<input type="checkbox"/> Shortness of Breath	<input type="checkbox"/> Feet Cold
<input type="checkbox"/> Tension	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Hands Cold
<input type="checkbox"/> Irritability	<input type="checkbox"/> Depression	<input type="checkbox"/> Stomach Upset
<input type="checkbox"/> Chest Pains	<input type="checkbox"/> Lights Bothers Eyes	<input type="checkbox"/> Constipation
<input type="checkbox"/> Dizziness	<input type="checkbox"/> Loss of Memory	<input type="checkbox"/> Cold Sweats
<input type="checkbox"/> Face Flushed	<input type="checkbox"/> Ears Ring	<input type="checkbox"/> Loss of Balance
<input type="checkbox"/> Neck Stiff	<input type="checkbox"/> Fever	<input type="checkbox"/> Buzzing in Ears

CONSENT TO LOW INTENSITY LASER TREATMENT

Low Intensity Laser Therapy (LILT) is the use of monochromatic light emission from a low intensity laser diode (250 milliwatts or less) or an array of high intensity Super Luminous Diodes (providing optical power in the 1000-2000 milliwatt range) to treat musculoskeletal injuries, chronic and degenerative conditions and to heal wounds. The light source is placed in contact with the skin allowing the photon energy to penetrate tissue, where it interacts with various intracellular biomolecules resulting in the restoration of normal cell function and enhancement of the body's healing processes.

Low Intensity Laser Therapy improves and cures multiple pathologies in the shortest possible period of time while achieving the following goals:

1. Absence of pain.
2. Eliminate the need for drugs.
3. Restoration of mobility (normal range of motion).
4. Improve quality of life (activity levels, sleep, etc.)
5. Reduce the need for surgical intervention.

Treatments are usually scheduled 2-3 times a week or more frequently in acute cases, at least initially. Subsequent treatments are scheduled in accordance with the patient's status. With regard to the number of treatment sessions, these may vary from 1 to 30. A minimum of 10-15 treatments is recommended. It is important to be aware that before treatment is initiated that the exact number of treatments cannot be predicted. In most cases we expect to see some change in symptomology after 3-5 sessions. There are however exceptions to this rule. Acute injuries generally respond more rapidly than chronic problems and each individual's tissue response varies. Please do not forget that our objective is to minimize the length of treatment and the number of visits. However, on occasion even our best efforts require multiple treatments, patience and time.

Any procedure intended to help may have complications. The risk of injuries or complications from LILT treatment is substantially lower than that associated with many medical or other alternative treatments, medications, and procedures given for the same condition. However, it is the practice of this clinic to inform our patients about them. Some patients have experienced exacerbation of pain and tiredness subsequent to treatment. If this occurs, utilize pain medication, and/or ice on the area of involvement and notify the doctor/therapist prior to the next treatment. The existence of this phenomenon is due to a high sensitivity tissue response and protocols will be adjusted accordingly on your next visit. A dull achy sensation subsequent to treatment lasting less than 24 hours indicates that your tissues are reacting positively on a cellular level with the low intensity laser energy. Known contraindications to treatment: directly over the abdomen (fetus) during pregnancy, directly over the thymus gland, patients on photo-sensitive medications, cancer and radiation therapy patients (as they should only be treated by specialists). Laser cannot cause cancer, has no cytogenic effects and does not damage tissues.

I acknowledge that I have discussed, or I have had the opportunity to discuss, with my doctor the nature, purpose and procedures of LILT treatments in general, my treatment in particular, alternative treatments and procedures, material risks of those treatments and procedures, the corresponding fee schedule as well as the contents of this consent form. I consent to the low intensity laser treatments offered or recommended to me by my doctor, I intend this consent to apply to all my present and future low intensity laser treatments.

Date

Patient Signature /(Legal Guardian)

Guardian's Relationship to Patient

Printed Name

Laser Therapy – Waiver of Liability

It must be understood by all patients that Low Intensity Laser Therapy (2 million treatments administered to-date), has not been accompanied by any significant negative side effects. Moreover, it should be noted that this is unusual in an era where many therapies are accompanied by adverse reactions.

Although LILT has been used in the treatment of systemic problems on an experimental basis, we do not guarantee results or that a primary cancer lesion may not be activated. In our opinion, such an occurrence would appear to be coincidental and not related to Low Intensity Laser Therapy. Included in the disease entities currently being treated with Low Intensity Laser Therapy are a number of pulmonary impairments, problems relating to Alzheimer's disease, dementias and the treatment of palliative pain in cases of malignancies which may be accompanied by metastatic lesions.

Patients must be fully informed and cognizant of this aspect of the equation. Nevertheless, it can be stated with a relative degree of certainty that Low Intensity Laser Therapy does not adversely affect the status of malignant lesions which may co-exist. Patients who desire to have Low Intensity Laser Therapy for the treatment of their symptoms, while harboring a malignancy or metastases, should be aware of this fact.

In conclusion, while our experience and that of others indicates that laser therapy alleviates pain associated with metastatic lesions and significant regression of tumors has been noted in many instances, we cannot guarantee any specific outcome. In brief, the patient must make their own informed decision with regard to treatment in these instances. We are prepared to advise and guide them to the best of our ability, however in the final assessment, the choice must be the patients. If there are any misunderstandings with regard to this advisory, please consult a member of the medical staff or obtain additional independent opinions.

Sincerely,

Attending Practitioner

I have read and understand the information provided to me and agree to proceed with treatment as recommended by my provider.

Signature

Date

Printed Name

Patient Directives

1. Should you experience an increase in pain subsequent to any treatment, utilize ice on the area of involvement and pain medication as required.
2. Notify clinic staff on your next visit that an increase of pain has occurred. The existence of this phenomenon is due to a high sensitivity tissue response and protocols will be adjusted accordingly on your next visit.
3. Usually treatments are scheduled three times per week or more frequently in acute cases, at least initially. Subsequent treatments are scheduled in accordance with the patient's status.
4. The majority of patients will not notice any changes with regard to their symptoms until treatment session three or four. There are however exceptions to this rule.
5. With regard to the number of treatment sessions, these may vary from 1 to 30. Acute injuries generally respond more rapidly than chronic problems and each individual's tissue response varies.
6. It is important to be aware that before treatment is initiated that the exact number of treatments cannot be predicted. In most cases we expect to see some change in symptomatology after 3-5 visits however in a small percentage a more prolonged period of treatment may be required. This is particularly true in longstanding back problems, frequently accompanied by spinal or foraminal stenosis. In these situations there is encroachment on the spinal cord or the nerve roots as they exit the spinal canal. Almost without exception we are able to relieve those symptoms; however patience and time are often required. Please do not forget that our objective is to minimize the length of treatment and the number of visits. However, on occasion even our best efforts require multiple treatments, patience and time.
7. We recommend massage therapy as a complementary therapy. In most instances when performed in the early phase of treatment this process breaks down adhesions, increases muscle mobility and increases lymphatic and arterial circulation. It is considered a complementary process to laser therapy that can speed up the healing process.