



PATIENT INFORMATION SHEET

Name: _____ Date: _____ Sex: M F
 Full Address: _____ Postal Code: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Employer: _____ Dr.'s Name: _____ Dr. Phone: _____
 Date of Birth: _____ Email: _____

Current Health Habits	Yes	No	Patient Comments
Any recent steroid injections?			
Current medications? How Long?			
Prescription and over-the-counter medications:			
Allergies?			
Exercise Regularly?			
Females: Are you pregnant?			
Sleeping posture: <input type="radio"/> side <input type="radio"/> stomach <input type="radio"/> 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 the condition worse during certain times of the day? _____

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

Is the condition getting progressively worse? _____

Have you seen any other doctors for this condition? _____

Any effective treatments? _____

Have you experienced any side effect from the drugs and/or surgeries? _____

1) Please rate your pain by circling TWO numbers that best describes your pain at its BEST and at its WORST in the past week.

0 1 2 3 4 5 6 7 8 9 10
 No Pain Intolerable Pain

2) Circle the one number that best describes how, during the past week, pain has interfered with your general activity,

0 1 2 3 4 5 6 7 8 9 10
 Does not Interfere Completely Interferes

Can LaserMedix contact your doctor regarding your laser therapy treatments? Yes No

How did you hear about LaseMedix? _____

INFORMED CONSENT TO LOW INTENSITY LASER THERAPY (LILT)

LOW INTENSITY LASER THERAPY CONTRA-INDICATIONS

1. Direct Irradiation of the Eyes

Class 3B lasers are potentially harmful if viewed directly. When using 3B lasers the patient and practitioner must wear approved safety eyewear. This is not a requirement for the LED treatment heads.

2. Pregnancy

Do not treat over the pregnant uterus. LILT may be used on the pregnant woman over other areas of the body.

3. Carcinoma

Do not treat directly over any known primary or secondary lesions. Treatments may be given for pain relief during the terminal stages of the illness with the consent of both patient and consultant involved.

4. Immune Suppressant Drugs

Treatment is contra-indicated for patients on these drugs as LILT treatments positively affect the immune system.

REACTIONS TO TREATMENT

Occasionally some patients may suffer a slight increase in pain. This is not necessarily an adverse reaction and may be a consequence of increased blood flow or change in metabolic activity that subsides in 24-48 hours.

LOW INTENSITY LASER THERAPY PRECAUTIONS

1. Steroid Injections

Patients may suffer an exacerbation of symptoms after LILT treatments in conjunction with a recent steroid injection. For this reason laser should not be used within 2 weeks of a steroid injection on or near the same site.

2. N.S.A.I.D and Steroidal A.I.

Patients taking anti-inflammatory drugs for acute soft tissue injuries will not respond as quickly to LILT treatment as those who are not. Ideally, we would recommend an ice pack followed by LILT treatment rather than the use of an anti-inflammatory in the acute stages.

I acknowledge I have discussed, or have had the opportunity to discuss, with my Laser Therapist the nature and purpose of LILT in general and my treatment in particular as well as the contents of this consent. I consent to the LILT offered or recommended to me by my Laser Therapist. I intend this consent to apply to all my present and future LILT treatments.

Date

Signature of Patient (or Parent/Guardian)

Witness

Print Patient's Name