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## Informed Laser Consent

Laser Therapy is a safe, non-invasive, FDA cleared modality for the treatment of pain and the temporary increase of microcirculation. Increased microcirculation can provide relief for many acute and chronic conditions. Laser Therapy utilizes visible and invisible laser radiation; therefore, appropriate eye protection is required at all times during treatment.

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 element of your treatment program.

You are required to complete the patient intake form prior to treatment to ensure that laser therapy is a viable option for you.

I understand the above and consent to treatment of \_\_\_\_\_ (body part)  
I understand that failing to complete any part of the treatment program will reduce my chances of success.

## Patient Intake Form

Are you a candidate for laser therapy?

This form is a tool to help your clinician determine if you are a candidate for laser therapy. If you answer yes to any of these questions you will need to discuss 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 devices?
Yes	No	Are you pregnant?
Yes	No	Do you have cancer?
Yes	No	Are you taking medications that may increase your sensitivity to light?
Yes	No	Have you had a steroid injection?
Yes	No	Do you have any tattoos? Location _____

Patient Signature: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_