



A Therapeutic Effect

Personal Data

Patient's Name: _____	Today's Date: _____	
Address: _____ _____	Phone Number: preferred _____	OK to leave message? Y or N
email: _____	other _____	Y or N
How should we confirm your appointments? Phone Call or Automated Email (please circle one)		
Date of Birth: _____ / _____ / _____ month day year	Sex: Male <input type="checkbox"/>	Female <input type="checkbox"/> Transgender <input type="checkbox"/>
Occupation: _____	Referred by: _____	
Emergency Contact: _____	Phone Number: preferred _____	OK to leave message? Y or N
Relationship: _____	other _____	Y or N

Are you currently under a Physician's care? Yes No

If yes, please explain: _____

Please list and date any past or present injuries, accidents, or medical treatment including surgeries: _____

Are you pregnant? Yes No ***If yes, some services may not be administered.***

Please list all known allergies: _____

Please list all medications and supplements you are taking: _____

CANCELLATION POLICY

If you are unable to keep your appointment - for any reason - please give us as much notice as possible. For appointments broken with less than 24 hours notice, we reserve the right to charge 50% of the standard fee. Appointments that "no show" will be charged in full to cover the therapist's time.

Laser Therapy Patient Intake Form

Laser therapy is an FDA cleared modality for the treatment of pain and inflammation and the temporary increase of microcirculation. Increased microcirculation can provide relief for many acute and chronic conditions. 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 in the last 7 days?

Patient Signature

Date

Print Patient Name

Notes:

The ultimate decision to recommend treatment lies with your health care provider. Speak with your health care provider if you have further questions about therapy treatment.