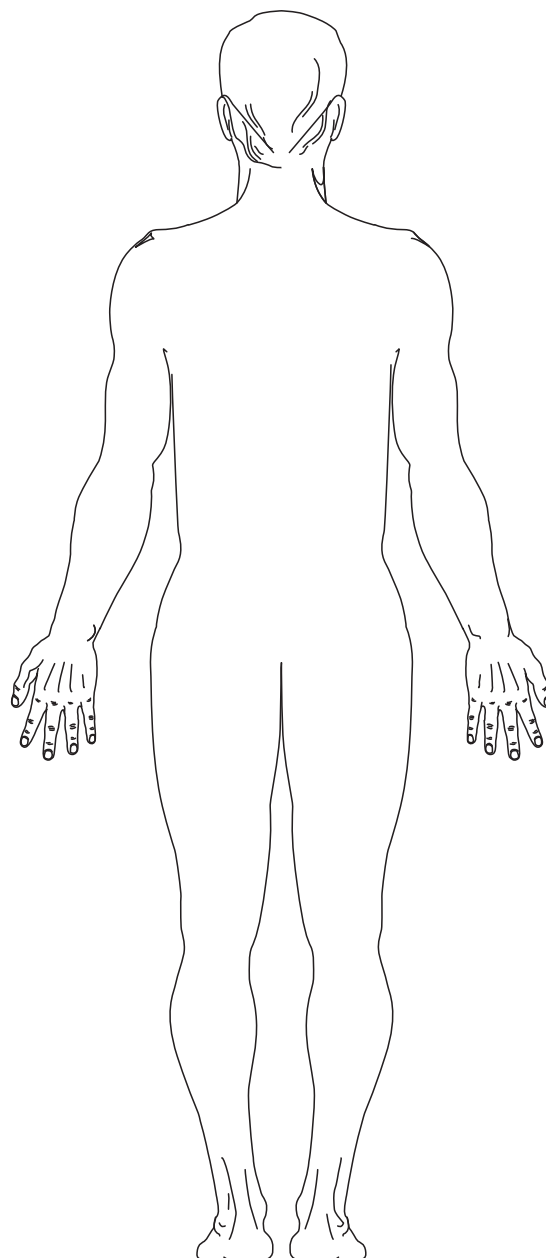
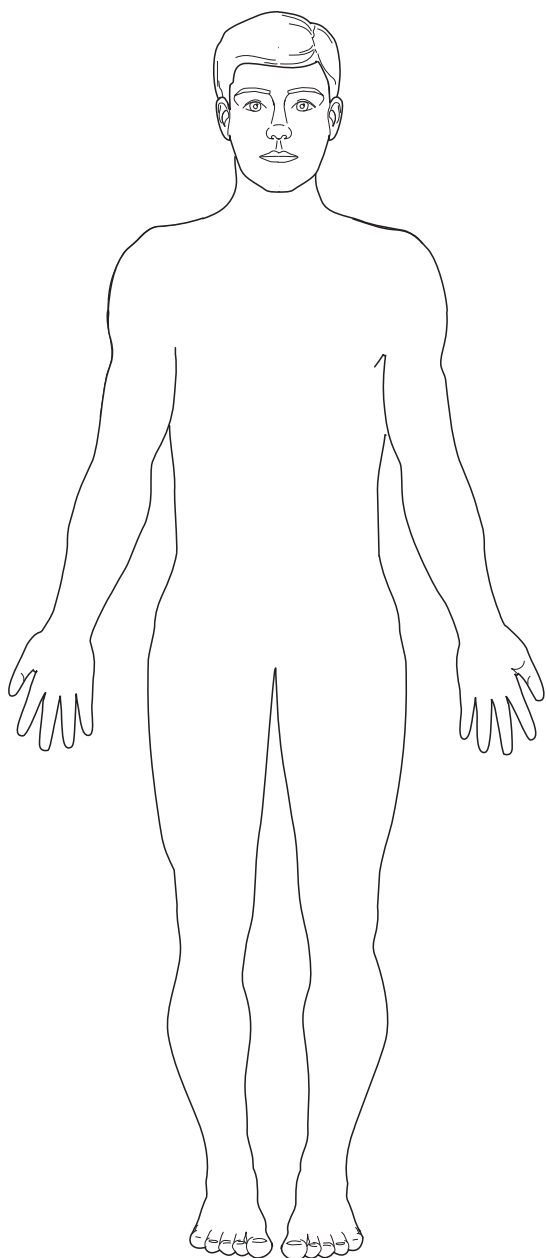


Please circle or use crosshatching to indicate areas of pain or discomfort.

Please draw or indicate with a star, *, all scars or fractures,
no matter how old.



Shuswap Acupuncture and Laser Therapy

Date: _____

Name: _____

Sex: M / F

Address: _____

City: _____

Province: _____

Postal Code: _____

Home Phone #: _____

Work # _____

Cell # _____

Email: _____

Date of birth: _____

mm/dd/yyyy

Doctor's Name: _____

How did you hear about us? _____

Current Health Habits	Yes ✓	No ✓	Patients Comments
Did/do you smoke?			
Did/do you drink any alcohol?			
Are you concerned about your diet?			
Have you been in accidents?			
Allergies?			
Exercise regularly?			
Surgeries?			
Females: Are you pregnant?			
Did/do you have cancer? Type?			
Do you have diabetes?			
Have you had a Cortisone shot in the last six (6) months?			

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? _____

Rate your sun sensitivity (how easily do you burn in the sun):

0 Don't Burn 1 2 3 4 5 Burn Easily

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Current Medications: *Some medications may reduce the effectiveness or have a reaction to laser treatment. Please let us know if you are currently taking or have recently taken any of the following:*

Non Steroidal Anti-inflammatories:

- Aspirin
- Ibuprofen
- Diclofenac
- Voltaren
- Indomethacin
- Toradol
- Naproxen
- Other: _____

Steroids:

- Prednisone
- Prednisolone
- Cortisone
- Other: _____

Cox 2 Inhibitors:

- Celebrex
- Vioxx
- Other: _____

Beta Blockers:

- Propranolol
- Atenolol
- Metoprolol
- Tenormin
- Other: _____

Calcium Channel Antagonists:

- Nifedipine
- Verapamil
- Diltiazem
- Felodipine
- Amlodipine
- Other: _____

Anticonvulsants:

- Carbamazepine
- Tegretol
- Other: _____

Botox

Prolotherapy

- Procaine Injections** (have a POSITIVE effect as procaine acts as a “taxi” conducting laser light easily into the tissues.)

Other:

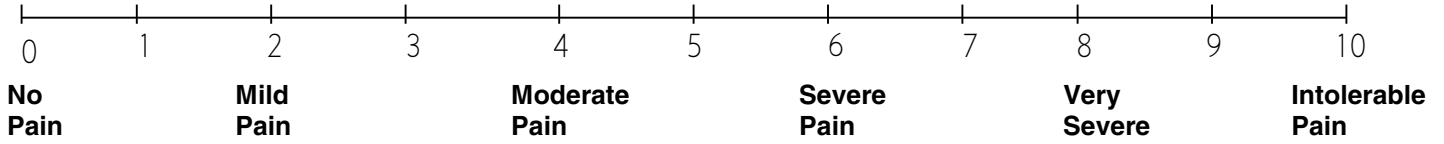
- Cipro
- Doxycyline
- Mycin Drugs
- St. John’s Wort

Shuswap Acupuncture and Laser Therapy

PATIENT PAIN ASSESSMENT

Name: _____
Last First Date

0 - 10 Numeric Pain Intensity Scale



1) Please rate your pain by circling the one number that best describes your pain at its **WORST** in the past 24 hours.

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

2) Please rate your pain by circling the one number that best describes your pain at its **LEAST** in the past 24 hours.

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

3) Please rate your pain by circling the one number that best describes your pain on the **AVERAGE**.

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

4) Please rate your pain by circling the one number that tells how much pain you have **RIGHT NOW**.

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

5) What treatments or medications are you receiving for your pain? _____

6) Circle the one number that describes how, during the past 24 hours, pain has interfered with your:

- A. General activity**
0 1 2 3 4 5 6 7 8 9 10
Does Not Interfere Completely Interferes
- B. Walking ability**
0 1 2 3 4 5 6 7 8 9 10
Does Not Interfere Completely Interferes
- C. Normal work (includes both work outside the home and housework)**
0 1 2 3 4 5 6 7 8 9 10
Does Not Interfere Completely Interferes
- D. Sleep**
0 1 2 3 4 5 6 7 8 9 10
Does Not Interfere Completely Interferes
- E. Enjoyment of life**
0 1 2 3 4 5 6 7 8 9 10
Does Not Interfere Completely Interferes

Shuswap Acupuncture and Laser Therapy

CONSENT TO LOW INTENSITY LASER TREATMENT

Low Intensity Laser Therapy (LILT) consists of 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 morphology, function and the enhancement of the body's healing processes.

Low Intensity Laser Therapy improves/cures multiple pathologies with the following objectives in mind, i.e.:

1. Elimination of pain.
2. Reducing or obviating dependence on pharmaceuticals.
3. Restoration of mobility (normal range of motion).
4. Improve quality of life (activity levels, sleep, etc.)
5. Remove the need for surgical intervention in many situations.

Treatments are usually scheduled 2-3 times per week or more frequently in acute cases, at least initially. Subsequent treatments are scheduled in accordance with the patient's physical status. With regard to the number of treatment sessions, these may vary from 1 to 30. A minimum of 5 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. On occasion, however, even our best efforts require multiple treatments, patience and time.

The risk of complications from LILT treatment is substantially less than that associated with many other treatments, medications, and procedures available for the same conditions. It is the practice of our clinic to inform patients with regard to these and other matters. Some patients have experienced exacerbation of pain or fatigue subsequent to treatment. If this occurs, utilize pain medication, and/or ice on the area of involvement and notify your therapist prior to the next treatment. The existence of this phenomenon is due to a sensitive tissue response and protocols will be adjusted accordingly on your next visit. A dull aching sensation subsequent to treatment lasting less than 24 hours indicates that your tissues are reacting positively on the cellular level. Contraindications to treatment include: first trimester of pregnancy and patients on photo-sensitive medications. Laser does not cause cancer, has no cytogenic effect and does not damage tissues.

I acknowledge that I have discussed, or I have had the opportunity to discuss, with my therapist the nature, purpose and procedures of LILT treatment 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 understand that my clinical information may be used as part of a clinical study. I hereby give my full consent and permission to use this information solely for the purpose stated. 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