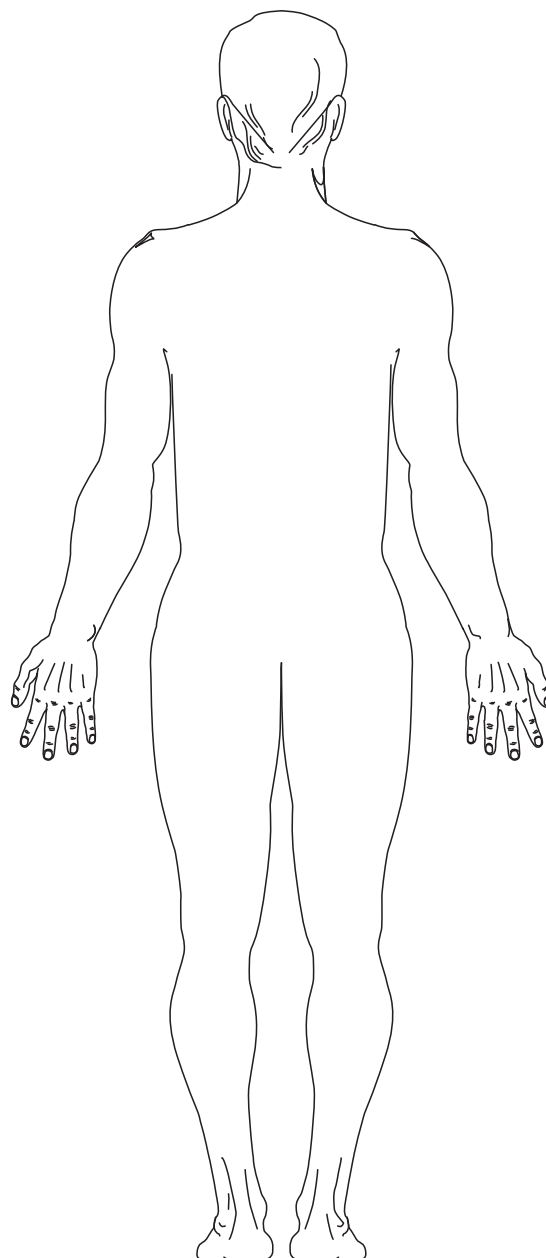
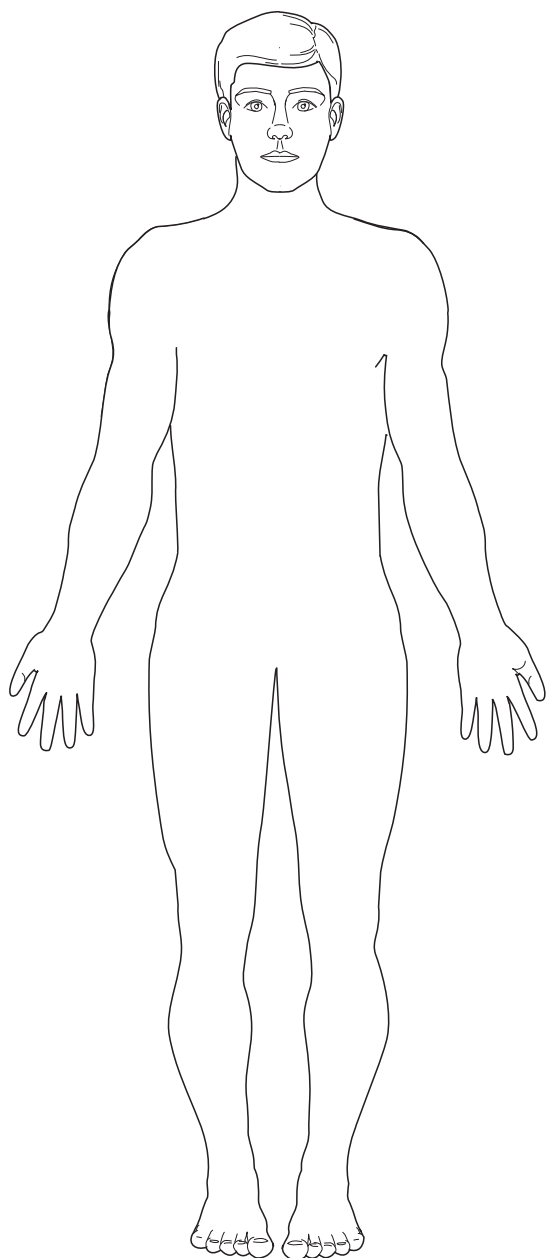


Please circle or use crosshatching to indicate
areas of pain or discomfort.

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



Shuswap Acupuncture and Laser Therapy

Today's 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
Have you been in accidents?			
Exercise regularly?			
Surgeries?			
Females: Are you pregnant?			
Did/do you have cancer? Type?			
Do you have diabetes?			

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 1 2 3 4 5
Don't Burn 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:

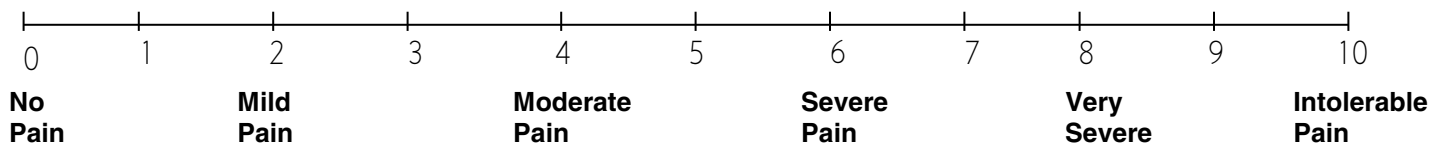
- _____
- _____
- _____
- _____

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) is a Low Intensity Laser Diode (250 milliwatts or less) and/or an array of high intensity Super Luminous Diodes (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 light energy to penetrate tissue, where it works on the cellular level to restore normal cell function and enhance the body's healing processes.

Low Intensity Laser Therapy works to:

1. Eliminate of pain.
2. Reduce or obviate dependence on pharmaceuticals.
3. Restore 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 in acute cases, at least initially. Subsequent treatments are scheduled in accordance with the patient's physical condition. The number of treatment sessions may vary from 1 to 30 with a minimum of 5 treatments recommended. Please be aware that before treatment is initiated, the exact number of treatments cannot be predicted. In most cases we expect to see some change in symptoms after 3-5 sessions. Acute injuries generally respond more rapidly than chronic problems and each individual's response varies. Please remember 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 virtually nil and substantially less than that associated with many other treatments, medications, and procedures available for the same conditions. Some patients have experienced some worsening of pain or fatigue after treatment. If this occurs, use pain medication, and/or ice on the area of involvement and notify your therapist prior to the next treatment. A dull aching sensation subsequent to treatment lasting less than 24 hours indicates that your tissues are reacting positively on the cellular level.

I have read the above and hereby consent to the low intensity laser treatments offered or recommended to me by the therapist. I intend this consent to apply to all my present and future low intensity laser treatments. I am free to withdraw this consent to this treatment at any time.

Date

Patient Signature / (Legal Guardian)

Guardian's Relationship to Patient

Printed Name