

## Revitalize Client Intake Form

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

Address: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home/Work \_\_\_\_\_

eMail \_\_\_\_\_ Date of Birth \_\_\_\_\_

Primary Physician \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Phone \_\_\_\_\_

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 **circle** YES or NO to the questions below

- |      |    |   |
|------|----|---|
| Yes  | No | Do you have a pacemaker or any other implanted device?                  |
| 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?                   |
| Yes  | No | Do you have autoimmune issues/disease?                                  |
| Yes  | No | Do you have Anxiety/Fibromyalgia/PTSD /Severe Allergies?                |

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

**Please complete other side of this form also**

Laser therapy is a safe, non-invasive, FDA cleared modality for the treatment of pain and 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

\_\_\_\_\_ I understand that failing to complete any part of my treatment program will reduce my chances of success.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\*Because most **healing** methods do not cause **retracing**, the idea and the mechanics of it is not well known. WHAT ARE **HEALING** OR PURIFICATION REACTIONS? **Healing** reactions are temporary **symptoms** that occur with deep **healing**, at times as a result of **retracing**. **Healing** reactions are welcome signs of **healing**.