Informed Consent & Questionnaire for Laser Therapy

Please answer the following questions and read the statements below concerning High Power Class IV K-Laser® (Infrared) Therapy. If you have any questions, please speak with your clinician.

1. Is there any chance that you may be pregnant?   Y   N
2. Do you currently have (or have a history of) cancer?   Y   N
3. Do you have a family history of cancer?   Y   N
   Please list: __________________________________
4. Do you have a pacemaker or electronic implant?   Y   N
5. Are you taking any blood thinners (ex. Aspirin)?   Y   N
6. Do you have very light sensitive skin (Photosensitive)?   Y   N
7. Do you currently have any infections/fever?   Y   N
8. Do you have Heart or Kidney disease?   Y   N
9. Are you taking any of the following medications (please circle): Y   N
   Antihistamine, Coal Tar and derivatives, Antifungals,
   Contraceptives (birth control), Phenothiazines, Psoralens, Corticosteroids, Cortisone
   Sulfonamides, Sulfonylureas, Thiazide Diuretics (water pills), Tetracyclines, Tricyclic
   Antidepressants, High dose Vitamin A (ie. Accutane), Immunosuppressant drugs

Laser Therapy is a safe and effective therapy that is Health Canada cleared for the treatment of muscle and joint-related pain. Laser promotes the relaxation of spasm and tension and promotes both increased tissue energy production and vasodilatation. Adverse effects from laser therapy are normally rare and temporary.

Pain relief from laser therapy may be dramatic and substantial, lasting for hours, days or weeks; however, your specific results may vary. Adverse effects from laser therapy may occur from multiple sources, in most cases involving a hypersensitivity to light, pre-existing medical condition, thermal effects, excessive pressure from the treatment probe and laser over-stimulation. Laser therapy can cause serious damage to the eye, therefore it is very important to wear the protective glasses that will be provided at all times during treatment. Although rare, the most common adverse effects to laser therapy are:

1. Temporary increase in pain during laser application
2. Temporary increase in pain in the following day after laser therapy
3. Mild bruising
4. Temporary dizziness
5. Reactions when photosensitizing drugs are used with laser therapy

Your clinician has been thoroughly trained and certified to identify and minimize risk of any adverse reaction.

I have read and understand the potential risk associated with Laser Therapy and agree to the treatment program outlined by my clinician.

____________________  __________________________  _______________________
Date Signed   Patient Name    Patient Signature