

# Chiropractic Laser Therapy

P.O. Box 1510, 5007 Broadway Ave.  
Blackfalds, AB. T0M0J0  
403-885-5808



## Patient Information Sheet

Name: \_\_\_\_\_ Alberta Health Care #: \_\_\_\_\_ Date: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Dr's Name: \_\_\_\_\_ Sex: M / F  
Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_  
Reminders for Upcoming Appointments? Email or Text (if text) Service provider: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Who may we thank for referring you to our office? \_\_\_\_\_

Current Health Habits	Yes	No	Patients Comments	Doctor's Comments
Did/do you smoke?				
Did/do you drink any alcohol?				
Are you concerned about your diet?				
Have you been in accidents?				
Current medications? How Long?				
Allergies?				
Exercise regularly?				
Females; Are you pregnant?				
Sleeping posture <input type="checkbox"/> side <input type="checkbox"/> stomach <input type="checkbox"/> back				

Is there a family history of: Heart Disease  Arthritis  Cancer  Diabetes  Other \_\_\_\_\_

### 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? \_\_\_\_\_

Have you seen any other Doctors or Practitioners for this condition? \_\_\_\_\_

Any effective treatments? \_\_\_\_\_

Have you experienced any side effects from the drugs and surgeries? \_\_\_\_\_

### Other Symptoms:

<input type="checkbox"/> Headaches	<input type="checkbox"/> Pins and Needles in legs	<input type="checkbox"/> Fainting
<input type="checkbox"/> Neck Pain	<input type="checkbox"/> Pins and Needles in Arms	<input type="checkbox"/> Loss of Smell
<input type="checkbox"/> Sleeping Problems	<input type="checkbox"/> Numbness in Fingers	<input type="checkbox"/> Loss of Taste
<input type="checkbox"/> Back Pain	<input type="checkbox"/> Numbness in Toes	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Nervousness	<input type="checkbox"/> Shortness of Breath	<input type="checkbox"/> Feet Cold
<input type="checkbox"/> Tension	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Hands Cold
<input type="checkbox"/> Irritability	<input type="checkbox"/> Depression	<input type="checkbox"/> Stomach Upset
<input type="checkbox"/> Chest Pains	<input type="checkbox"/> Lights Bothers Eyes	<input type="checkbox"/> Constipation
<input type="checkbox"/> Dizziness	<input type="checkbox"/> Loss of Memory	<input type="checkbox"/> Cold Sweats
<input type="checkbox"/> Face Flushed	<input type="checkbox"/> Ears Ring	<input type="checkbox"/> Loss of Balance
<input type="checkbox"/> Neck Stiff	<input type="checkbox"/> Fever	<input type="checkbox"/> Buzzing in Ears

Patient / Guardian Signature: \_\_\_\_\_



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### Consent to Low Intensity Laser Therapy (LILT) Treatment

**Low Intensity Laser Therapy (LILT)** involves the use of medical lasers that operate at low intensities applied over injuries to promote tissue healing and relieve acute and chronic pain. The polarized properties of the Laser Therapy allow it to penetrate the skin and tissues without damaging living cells.

The physiological effects of Laser Therapy are: anti – inflammatory, immune system stimulation, increase circulation and endorphin production. This occurs by giving damaged tissue cells energy in the form of light. The light energy is absorbed and changed to bio-chemical energy in the cells. This results in restoration of normal cell function, pain relief and natural healing.

**LILT** improves multiple pathologies with the following objectives in mind:

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

**LILT** has successfully treated Repetitive stress injuries, Carpal tunnel syndrome, Rotator cuff injuries, Muscle sprains and strains, Inflammation, Headaches, Tendonitis and bursitis, Ligament and tendon tears, etc.

Initially treatments are scheduled 2-3 times a week, number of treatments vary. Chronic problems tend to respond to treatments much slower than acute problems which we tend to see improvement in symptoms in 4-6 visits. As each individual's tissue response varies, it is important to know that LILT is a progressive therapy and requires patience and time.

Though there are no side effects to LILT treatments, some discomfort from your initial laser therapy treatment or increase in light levels at following visits may occur and last less than 24 hours. This indicates that your tissues are reacting positively on the cellular level. Please report any discomfort (increased pain or achiness) to the laser technician so levels can be adjusted accordingly. Contraindications to treatment can include first trimester of pregnancy, patients on photo-sensitive medications, and laser treatments directly over cancerous tumors.

Stage 3 of treatment is done using a LD series Probe which produces a very intense beam of light that is potentially hazardous to the unprotected eye. As the probe is pressure sensitive it only emits light when applied to the skin. As an extra precaution safety glasses **MUST** be worn during this stage of treatment.

I have read and fully understand the consent to laser therapy form and give my consent to Low Intensity Laser Therapy treatments. I agree to wear the protective glasses during the probing stage of the laser treatment. I intend this consent to apply to all my present and future Low Intensity Laser treatments.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Patient Signature/ Legal Guardian