



## Patient Intake Form

Are you a candidate for laser therapy?

Laser therapy is an FDA cleared modality for the treatment of pain and inflammation and the temporary increase of microcirculation. Laser therapy 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 check 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 medication that may increase your sensitivity to light?

YES  NO  Have you had a steroid injection in the last 7 days?

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Patient Name

Notes:

The ultimate decision to recommend treatment lies with your health care provider.  
Speak with your health care provider if you have further questions about therapy treatment.