



Laser Patient Information Form

All Patients or Patients' Legal Representative, please complete all Sections

(1) Patient: (Full Legal Name or as on Insurance Card)

Name: _____ Date of Birth ____/____/____
 Last First Initial
 Address _____ City/State _____ Zip Code _____
 Number(____) ____-____

(2) Emergency Contact Information

Emergency Contact Name _____ Number(____) ____-____

(3) HIPAA Information

Acknowledgement Of Receipt Of Notice Of Privacy Practices

My signature below indicates that I have been given the Notice of Privacy Practices for Madden Physical Therapy. I recognize that outside of purposes for treatment, for payment, for certain healthcare operations or as permitted or required by law I must give my written authorization to Madden Physical Therapy to release any of my protected healthcare information.

 Patient's or Authorized Representative's Printed Name & Date

 Patient's or Authorized Representative's Signature

(4) Attendance Policy:

ATTENTION!

In order to provide our patients with the best possible care, we maintain scheduled appointments. If you cannot make a scheduled appointment, PLEASE contact us 24 hours before your scheduled time. This will allow us to adjust our schedule appropriately.

 Initials ATTENDANCE POLICY

PATIENTS WHO CANCEL 3 TIMES OR NO-SHOW 2 TIMES WILL BE DISCHARGED.

All Patients or Patients' Legal Representative Please Sign Section 5



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(5) Informed Consent

Laser Therapy is a therapy that is used for the treatment of muscle and joint-related pain. Laser promotes the relaxation of spasm/tension and promotes both increased tissues energy production and vasodilation. Adverse effects from laser therapy are normally rare and temporary.

Adverse effects from Laser Therapy may occur from multiple sources, in most cases involving a hypersensitivity to light, preexisting 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 the following day after Laser Therapy**
- 3. Mild bruising**
- 4. Temporary dizziness**
- 5. Reactions when photosensitizing drugs are used with Laser Therapy**

Pain relief from Laser Therapy may be dramatic and substantial, lasting for hours, days or weeks: however, your specific results may vary and there is no guarantee as to the results of Laser Therapy. Your clinician has been thoroughly trained to identify and minimize risk of any adverse reaction.

I have read and understand the potential risk associated with Laser Therapy, have had all of my question regarding Laser therapy answered to my satisfaction and agree to the treatment program outlined by my clinician.

Signature/ Date:

Patient or Legal Representative's Signature

Today's Date

All Patients or Patients' Legal Representative Please Sign Section 5