



Laser Therapy Consent Form

Name:		
Address:		
Email:	Phone:	

What is your main reason for coming in? _____

Are you currently under the care of a doctor? _____

If so, what type of care are you receiving? _____

Are you taking any kind of medications? _____

If so, what kind? _____

Contraindications to Laser Treatment

We want your treatments to be effective and safe for your body. Some conditions are contraindicated to laser therapy which would prevent you from receiving treatment until the condition no longer applies.

Please Circle Yes or No to Each of the Following:

1	Are you taking any photosensitive medications?	yes	no
2	Within the last 14 days have you had a steroid injection or currently taking one orally?	yes	no
3	Do you have cancer of any kind?	yes	no
4	Do you acknowledge that there may be a temporary increase in pain the following day after laser therapy?	yes	no
5	Are you pregnant or think you might be?	yes	no

By signing below, you acknowledge that you have read and understand the treatment information pages given to you and consent to having this therapy administered.

Please Note

The Epoch High Powered laser is a class four medical grade laser and is designed to stimulate blood which can sometimes cause detox symptoms. It is not recommended that you receive a massage on the same day as a high powered laser treatment. Please avoid putting on lotion or oil before the laser treatment.

Thank you for coming in today and filling out the intake form. I am a Certified Epoch Laser Therapist not a medical doctor and cannot diagnose, I can give you a laser treatment and offer suggestions to help guide you on your journey to healing.

Client Signature

Date
