



Are You a Candidate for Laser Therapy?

Laser therapy is an FDA cleared modality for the treatment of pain and inflammation as well as the temporary increase of microcirculation and cellular activity. Increased microcirculation and cellular activity 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, the clinician may want to discuss details.

Please check YES or NO to the questions below

YES NO Do you have cancer?

YES NO Are you currently being checked for cancer?

YES NO Do you have epilepsy?

YES NO Have you taken any antibiotics recently?

YES NO Do you have a pacemaker or any other implanted devices?

YES NO Are you pregnant?

YES NO Are you currently taking any blood thinner medication?

YES NO Are you taking medications that may increase your sensitivity to light?

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

Name: _____
(please print full name)

Patient Signature: _____ **Date:** _____

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.

Clinician/Doctor Notes: _____

Clinician/Doctor Initials: _____

A hands-on approach to health & wellness