

SPINE AND WELLNESS CINCINNATI

Patient Name _____ Date _____

PATIENT INFORMED CONSENT

Before you receive care as a patient of Laser Pain Center, it is important that you read this Consent and understand the nature of treatment. Laser Pain Center utilizes a multidisciplinary approach to health and wellness. Treatment usually involves a blend of laser therapy, acupuncture, herbal medicine, and manual medicine. To understand the risk associated with care, you need to understand these unique modalities.

Laser Therapy is a non-surgical application of laser light. Unlike most other forms of therapy, laser therapy is classified “actinotherapy” as it results in a chemical/metabolic change of the involved tissues. Thus, laser therapy can relieve pain, decrease inflammation, accelerate tissue healing (biostimulation), increase blood flow and decrease tissue swelling.

Like all forms of medical treatment, there are associate risks as well as benefits. Laser exposure to the eyes during the procedure may result in damage of the retina. Under certain situations a superficial burn of the skin could occur. This is based upon skin pigmentation, skin discolorations (i.e. tattoos), or the use of topical creams, lotions or analgesic balms. To prevent adverse reactions to laser therapy, all patients must adhere to the guidelines for care supplied separately.

"Acupuncture" means a form of health care performed by the insertion and removal of specialized needles, with or without the use of supplemental techniques, to specific areas of the human body. *See* Ohio Statute 4762.

Manual medicine (or chiropractic care) involves the adjustment, manipulation and treatment of your body in which vertebral subluxations and other malpositioned articulations may be interfering with the normal generation, transmission and expression of nerve impulse between the brain, organs and tissue cells, thereby causing disease. Chiropractic adjustments, manipulations, and treatments are intended to restore the normal flow of nerve impulse which produces normal function and consequent health.

“Chiropractic physicians” examine, analyze, and diagnose the human living body and its disease by use of (a) any physical, chemical, electrical or thermal methods, (b) x-ray for diagnosing, (c) blood tests and (d) other chiropractic methods. *See* Ohio Statute 4734.01.

The undersigned Patient understands and acknowledges that there are risks associated with the application of laser chiropractic medicine, chiropractic care, acupuncture, therapy including, but not limited to ataxia, bruising, thermal injuries, dislocations/subluxations, dizziness, fracture(s), mobility disruption, paralysis, pneumothorax, spinal injury, stroke, vision disturbances and others. The most common side effect following any treatment is an ache or stiffness at the site of the treatment.

I, hereby give authorization for **consent of treatment** to **Laser Pain Center** and whomever they may designate as their assistants to perform and administer therapy and treatment as they deem necessary.

I, the undersigned Patient, understand the risks and limitations associated with treatment at Laser Pain Center and application of therapeutic modalities such as Laser, heat, ice, ultrasound, traction, muscle stimulation, acupuncture, herbal medicine, chiropractic and others treatments by **Laser Pain Center**. **All my questions have been answered in detail and I fully understand and certify that no guarantee or assurances have been made to the results or outcome from treatment that may or will be rendered.**

Patient or Authorized Signature X

Date

SPINE AND WELLNESS CINCINNATI

ASSESSMENT OF ACTIVITIES OF DAILY LIVING

Patient Name _____ Date _____

Standing

- Able to stand as long as desired without pain
- Able to stand for 60 minutes without pain
- Able to stand for 45 minutes without pain
- Able to stand for 30 minutes without pain
- Able to stand for 25 minutes without pain
- Able to stand for 15 minutes without pain
- Able to stand for 10 minutes without pain
- Able to stand for 5 minutes without pain
- Unable to stand at all due to pain

Bending

- Able to bend as far as would like without pain
- Able to bend 80 degrees without pain
- Able to bend 70 degrees without pain
- Able to bend 60 degrees without pain
- Able to bend 50 degrees without pain
- Able to bend 40 degrees without pain
- Able to bend 30 degrees without pain
- Able to bend 20 degrees without pain
- Able to bend 10 degrees without pain
- Unable to bend at all due to pain

Driving

- Able to drive when necessary without pain
- Able to drive for 120 minutes without pain
- Able to drive for 90 minutes without pain
- Able to drive for 60 minutes without pain
- Able to drive for 45 minutes without pain
- Able to drive for 30 minutes without pain
- Able to drive for 20 minutes without pain
- Able to drive for 10 minutes without pain
- Unable to drive at all due to pain

Walking

- Able to walk as far as desired without pain
- Able to walk 2-3 miles without pain
- Able to walk 1 mile without pain
- Able to walk 1/2 mile without pain
- Able to walk 1/4 mile without pain
- Able to walk 1 block without pain
- Able to walk 100 feet without pain
- Able to walk 50 feet without pain
- Unable to walk at all due to pain

Picking up Objects

- Able to pick up heavy objects without pain
- Able to pick up 45 pounds without pain
- Able to pick up 35 pounds without pain
- Able to pick up 25 pounds without pain
- Able to pick up 20 pounds without pain
- Able to pick up 15 pounds without pain
- Able to pick up 10 pounds without pain
- Able to pick up 5 pounds without pain
- Unable to lift anything due to pain

Sitting

- Able to sit without pain
- Able to sit 8 hours without pain
- Able to sit 7 hours without pain
- Able to sit 6 hours without pain
- Able to sit 5 hours without pain
- Able to sit 4 hours without pain
- Able to sit 3 hours without pain
- Able to sit 2 hours without pain
- Able to sit 1 hour without pain
- Able to sit 30 minutes without pain
- Unable to sit at all due to pain

Housework

- Able to do housework 90 minutes without pain
- Able to do housework 80 minutes without pain
- Able to do housework 70 minutes without pain
- Able to do housework 60 minutes without pain
- Able to do housework 50 minutes without pain
- Able to do housework 40 minutes without pain
- Able to do housework 30 minutes without pain
- Able to do housework 20 minutes without pain
- Able to do housework 10 minutes without pain
- Unable to do housework at all due to pain

Headaches

- Having no headaches
- Having 2 headaches per month
- Having 1 headache per month
- Having 1 headache per day
- Having 5 headaches per week
- Having 3-4 headaches per week
- Having 1-2 headaches per week
- Having constant headaches

Opening Jars

- Able to open any jar without pain
- Able to open very tight jars without pain
- Able to open medium tight jars without pain
- Able to open lightly closed jars without pain
- Unable to open any jar due to pain

Lying Down

- Able to lay as long as would like without pain
- Able to lay for 120 minutes without pain
- Able to lay for 90 minutes without pain
- Able to lay for 60 minutes without pain
- Able to lay for 30 minutes without pain
- Able to lay for 20 minutes without pain
- Able to lay for 10 minutes without pain
- Unable to lay at all without pain

Patient Signature _____

Physician Signature _____

REVIEW OF SYSTEMS - SPINE AND WELLNESS CINCINNATI

Do you have: (please check all that apply):

Constitutional:

Fevers Weight loss Difficulty sleeping Tiredness or fatigue Chills Night sweats None

Eyes:

Flashing lights or "stars" Blind spots Double vision None

Ears, Nose, Throat, Mouth:

Earache or discharge Ringing in ears Difficulty hearing Nose bleeds Sinusitis Hoarseness
 Sores in mouth Sore throats None

Cardiovascular:

Chest pain Squeezing or tightness in chest Angina Need to sleep with head of the bed elevated
 Cramps in buttocks, thighs or calves when walking Shortness of breath at rest or walking/climbing
 Palpitations or fluttering heart Poor circulation Gangrene Swelling of hands, face, legs or feet
 High cholesterol None

Respiratory:

Cough Sputum production Coughing up blood Pleurisy Wheezing Asthma None

Gastrointestinal:

Nausea or vomiting Diarrhea Constipation Abdominal pain Vomiting of blood Very dark or light stool
 Jaundice Liver or gall bladder problems Colitis or other bowel problems Bleeding from rectum
 Ulcer None

Genitourinary:

Blood in urine or very dark urine Get up at night to urinate Burning with urination Unusual urgency to urinate
 Difficulty in getting urine stream started Kidney stones Prostate problems Bladder problems
 Albumin or protein in urine Pus in urine Infection in urine Large amounts of urine or very frequent urination None

Musculoskeletal:

Low back pain Neck pain Muscle ache Joint pain Mid back pain Shoulder/arm pain Hip/leg pain
 Arthritis None

Neurological:

Headaches Drooping of face Loss of strength in hands, arms, legs, feet Numbness/tingling
 Seizures Loss of consciousness Dizziness Fainting spells None

Skin:

Rashes Skin ulcers Nodules on skin None

Emotional/Psychiatric:

Depression Anxiety Psychiatric problems None

Endocrine:

Enlarged thyroid Sweating Diabetes Excess thirst Change in appetite Feeling unusually hot or cold
 Flushing Abnormal menses Post-menopausal None

Hematologic/Lymphatic/Oncologic:

Anemia Iron deficiency Enlarged lymph glands Easy bruising Cancer None

Allergic/Immunologic:

Hay fever Seasonal allergies Other _____ None

Patient Signature

Date

Physician Signature

Please mark the appropriate squares in the following list of symptoms.
If you are having the symptom CURRENTLY, fill in the box like this:

Liver/Gallbladder

- Depression / Stress
- Headaches / Migraines
- Red / Dry / Itchy Eyes
- Visual Problems / Blurred Vision
- Dizziness
- Gall Stones
- Feeling of Lump in Throat
- Clenching Teeth at Night
- Muscle Cramping / Twitching
- Neck/Shoulder Pain / Tightness
- Seizures / Tremors
- Poor Circulation
- Soft / Brittle Nails
- Bitter Taste in Mouth
- PMS / Menstrual Problems
- Tendonitis
- Pain Below Ribcage
- Craving Sour
- Tend to be Irritable / Angry

Heart/Small Intestine

- Heart Palpitations
- Rapid or Irregular Heartbeat
- Chest Pain
- High Blood Pressure
- Low Blood Pressure
- Insomnia / Sleep Problems
- Vivid Dreams / Nightmares
- Easily Startled
- Dark Urine
- Red Complexion
- Craving Bitter
- Anxiety / Nervous or Restless

Spleen/Stomach

- Body Heaviness
- Hard to get up in the Morning
- Muscles often Feel Tired
- ___ Energy Level: 1-10 (low to high)
- Edema (Hands Feet)
- Easily Bruising / Bleeding
- Bad Breath
- Sweetish Taste in Mouth
- Lack of Taste
- Excess or Low Appetite (circle which)
- Excess or Lack of Thirst (circle which)
- Nausea / Vomiting
- Gas / Belching
- Hemorrhoids
- Organ Prolapse (i.e. uterus)
- Chronic Loose Stools
- Abdominal Pain

- Indigestion / Heartburn
- Brain Foggy
- Mouth Ulcers
- Tendency to Gain Weight
- Craving Sweet
- Over-thinking / Worry

Lung/Large Intestine

- Bloody Cough
- Dry Cough
- Chronic Cough
- Cough with Sputum
- Nasal Discharge
 - White
 - Yellow
 - Green
- Post Nasal Drip
- Sinus Infection / Congestion
- Itchy, Red, or Painful Throat
- Dry Mouth / Nose / Throat
- Skin Rashes / Hives
- Snoring
- Shortness of Breath
- Allergies / Asthma
- Low Immunity
- Catch Colds Easily
- Bronchitis
- Black or Bloody Stools
- Constipation
- IBS
- Diarrhea
- Colitis / Spastic Colon
- Craving Pungent/Spicy
- Grief / Sadness

Kidney/Urinary Bladder

- Urinary Problems (i.e. night-time) _____
- Bladder Infection
- Incontinence
- Weakness / Pain in Low Back
- Osteoporosis
- Feel Cold or Hot Easily (circle which)
- Cold Hands / Feet
- Low or Excess Sex Drive (circle which)
- Dark Circles under Eyes
- Thyroid Problems _____
- Poor Memory
- Hair Loss / Grey Hair
- Hearing Problems / Tinnitus
- Cavities
- Hot Flashes / Night Sweats
- Impotence / Premature Ejaculation (circle which)
- Craving Salt
- Fear