

APPLICATION FOR CARE AT GRESHAM FAMILY CHIROPRACTIC

Name: _____ DOB: ____ - ____ - ____ Age: ____ Male Female
 Address: _____ City: _____ State: _____ Zip: _____
 Home Cell: _____ SSN: _____ - _____ - _____ * SSN Required for 3rd party billing
 Marital Status: Single Married Widow E-Mail: _____
 Do you have insurance? Yes No Insurance Co: _____ Insurance ID: _____
 Physician: _____ Phone Number: _____
 Would you like reports/updates sent to your Physician? Yes No
 Employer: _____ Occupation: _____ Work Number: _____
 Spouses Name: _____ Spouses DOB: ____ - ____ - ____ # of children: _____
 Emergency Contact: _____ Phone: _____ Relationship to you: _____
 What is your smoking status? Current Daily Smoker Current Some Day Smoker Former Never
 Alcoholic Beverage Consumption: Yes No

Check the box to the condition(s) that brought you to the office:

Headache: Pain level (0-10) ____ Frequency: 25% 50% 75% 100%

Neck: Pain level (0-10) ____ Frequency: 25% 50% 75% 100%

Upperback: Pain level (0-10) ____ Frequency: 25% 50% 75% 100%

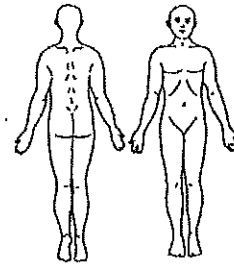
Midback: Pain level (0-10) ____ Frequency: 25% 50% 75% 100%

Lowback: Pain level (0-10) ____ Frequency: 25% 50% 75% 100%

_____ Pain level (0-10) ____ Frequency: 25% 50% 75% 100%

_____ Pain level (0-10) ____ Frequency: 25% 50% 75% 100%

Mark an X on the picture where you are feeling pain or symptoms:



In general would you say your overall health is: Excellent Good Fair Poor
 Have you had spinal X-Rays, MRI, CT SCAN for your area(s) of complaint? Yes No
 If yes: Dates taken _____ What area(s) _____

Please mark all the following that apply: Mark a **P** for Personal History **F** for Family History or **B** for Both

- | | | |
|---------------------------------------|--|---------------------------------|
| ____ Alcohol/Drug Dependence | ____ Recent Fever | ____ Diabetes |
| ____ High Blood Pressure | ____ Stroke (Date _____) | ____ Cortisone/Prednisone |
| ____ Taking Birth Control Pills | ____ Dizziness/Fainting | ____ Numbness in Groin/Buttocks |
| ____ Cancer/Tumor | ____ Osteoporosis | ____ Epilepsy/Seizures |
| ____ Prostate Problems | ____ Menstrual Problems | ____ Urinary Problems |
| ____ Currently Pregnant | ____ Abnormal weight <input type="checkbox"/> gain <input type="checkbox"/> loss | ____ Morning pain/Stiffness |
| ____ Pain Unrelieved by position/rest | ____ Pain at Night | ____ Visual Disturbances |
| ____ Rheumatoid Arthritis | SURGERIES: | |

MEDICATIONS:

I hereby authorize payment to be made directly to Gresham Family Chiropractic (GFC) for all benefits which may be payable under a healthcare plan or from any other collateral sources. I authorize utilization of this application or copies thereof for the purpose of processing claims and effecting payments, and further acknowledge that this assignment of benefits does not in any way relieve me of payment liability and that I will remain financially responsible to GFC for any and all services I receive at this office.

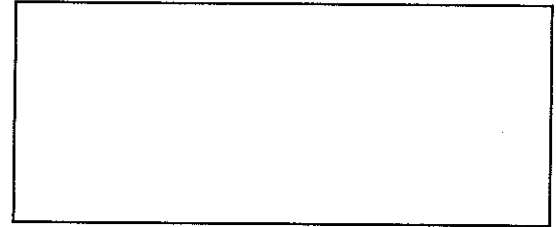
Patient Printed Name **Patient or Authorized Person's Signature** **Date Completed**

CONSULTATION FORM

PAIN ASSESSMENT

Patient Name: _____

Date: _____



POSITIVE EFFECTS OF LASER THERAPY

- Improves and Promotes Healing
- Reduces Pain and Spasm
- Increases Joint Flexibility
- Improves Peripheral Microcirculation
- Detoxifies and Eliminates Trigger Points
- Advanced Pain Relief

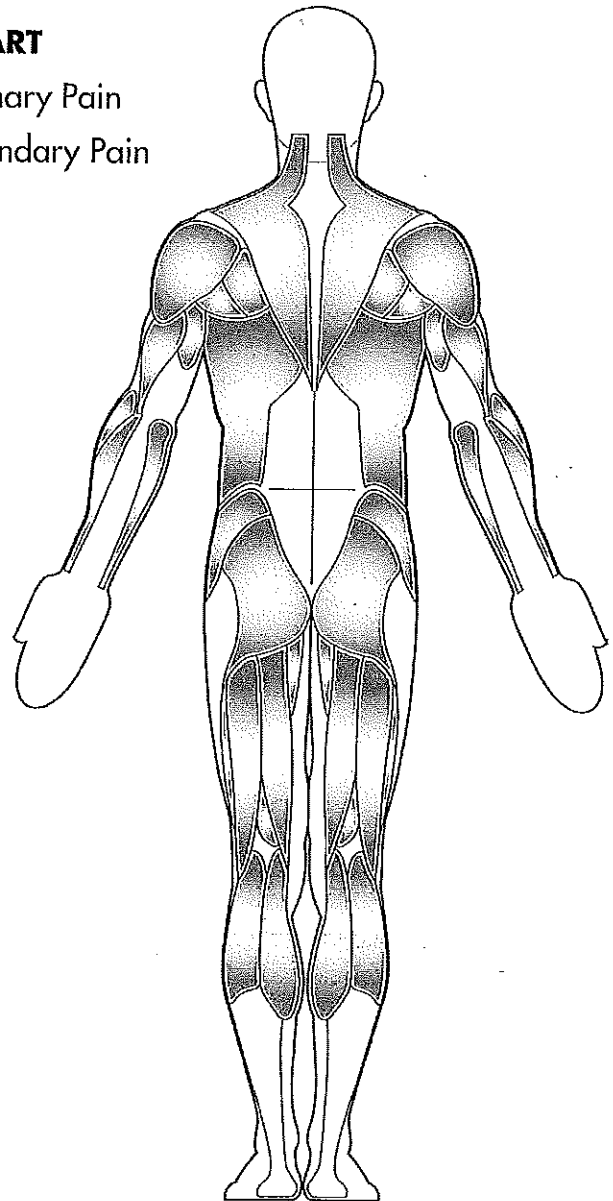
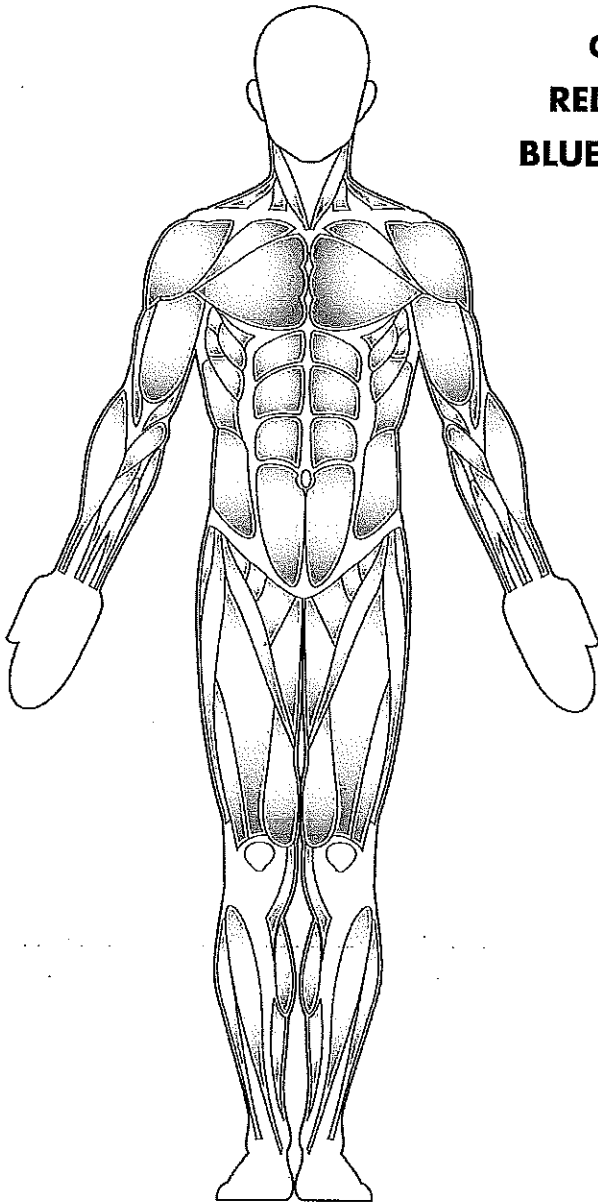
BENEFITS TO PATIENT

- Faster Patient Satisfaction
- Deep Penetration Delivers More Laser Energy to the Target Tissues
- Faster Treatment Times
- Effective Treatment in 3-8 Minutes
- Faster Patient Recovery Time

COLOR CHART

RED pen = Primary Pain

BLUE pen = Secondary Pain



KLASER^{USA}

Notes: _____

Healing Your Pain... Changing Your Life.

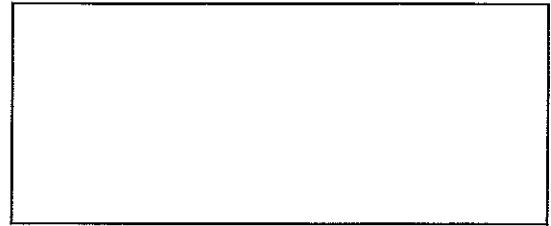
© 2010 K-Laser USA All Rights Reserved.

Version 1.0

CONSULTATION FORM

INFORMED CONSENT FOR

INFRARED LASER THERAPY



Laser therapy is a safe and effective therapy that is FDA cleared for the temporary relief of pain and reduction of symptoms associated with mild arthritis and muscle pain. Laser also promotes relaxation of muscle spasm and promotes vasodilation. Adverse effects from laser therapy are normally rare and temporary.

Pain relief from laser therapy may be dramatic and substantial, lasting for hours, days or weeks. However, your results may be minimal or insignificant. Adverse effects of laser therapy may occur from multiple causes including hypersensitivity, preexisting health conditions, thermal effects, excessive pressure from the probe, and laser over-stimulation. Laser light can damage the retina in your eye. Always wear the laser protective glasses provided.

The most common adverse effects are:

1. Temporary increase in pain during application of laser.
2. Temporary increase in pain the following day after laser therapy.
3. Mild bruising from vasodilation or direct pressure of laser tip.
4. Temporary dizziness.
5. Reactions when photosensitizing drugs are used with laser therapy.

I understand the risks of laser therapy and agree to the treatment program outlined by my doctor.

Patient Signature: _____ Date: _____

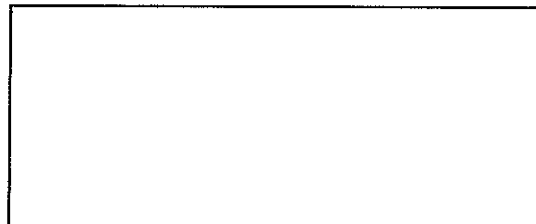
Please Print Name: _____

Date of Birth: _____

Employee Witness: _____ Date: _____

CONSULTATION FORM

COMMONLY ASKED QUESTIONS



How should I dress for a K-Laser treatment?

Your K-Laser treatment must be delivered directly to your skin. Wear clothing that will allow access to the area. Shorts, sweat pants, a sport bra or similar items are suggested. Alternatively, your doctor will have you change into a patient gown if the area needing K-Laser treatment is not readily accessible.

How many treatment sessions will I need?

The number of K-Laser sessions you will need depends on the nature and duration of your condition, and other factors. Some acute conditions will respond in 6 or fewer sessions, whereas chronic conditions may take 15 or more treatments. Some chronic conditions require ongoing care to sustain pain relief and functionality.

What does it feel like to get a treatment?

Most patients describe it as a very soothing, warm sensation. Since the K-Laser is a high-powered therapy laser, your skin will get warm during the treatment. Many patients feel a significant reduction in pain on the first visit. Occasionally, patients will feel slightly more pain immediately after the treatment – and then feel much better the next day.

How will I feel after the treatment?

You may feel pain relief after just the first treatment. For other patients, it takes a while longer. Most patients report feeling very relaxed, or even tired. If you feel a lot less pain, keep in mind that pain reduction is just one goal. The K-Laser is giving your body's cells more energy so they repair and regenerate new tissues. The effect of K-Laser therapy treatments is cumulative. You will be getting more benefit with successive treatments.

Do I need to take special precautions after my K-Laser treatment?

For the most part, no. Obviously you do not want to overexert and reinjure yourself. You may need to make changes in your work station. If you are planning to work out, you may want to reduce the intensity, or change the nature of your exercise. Discuss this with your doctor.

Should I use ice or pain relief gel after my K-Laser treatment?

One effect of the K-Laser treatment is vasodilation – which means your blood and lymphatic vessels have a larger diameter. This helps with inflammation reduction, but for some people the vasodilation can also make them sore. Use ice on the area, as directed by your doctor. You could use a pain relief gel, such as MyoMed.

I feel a lot better – but I still have sessions remaining in the K-Laser treatment package I bought. What should I do?

Pain relief is just one goal in your care. K-Laser treatments help your body's repair and regeneration processes. Completing your K-Laser session package will further assist the healing processes. We suggest that you use all the treatments in the package, to ensure the most effective care possible.

Why do I have to wear safety glasses during my K-Laser treatment?

The K-Laser is a high-powered therapy laser. Laser light can be focused by the lens of your eye, and potentially cause damage to your retina. The safety glasses you wear specifically block out the wavelengths of light produced by the K-Laser.