

Deep Tissue Laser Consent Form

Deep Tissue Laser Therapy uses focused light to stimulate a process called photobiomodulation, or PBM. During PBM, photons enter the tissue and interact with the cytochrome c complex within the mitochondria. This interaction triggers a biological cascade of events that leads to an increase in cellular metabolism, a decrease in pain, a reduction in muscle spasms, and improved microcirculation to the injured tissue. This treatment is FDA-cleared and provides a non-invasive, non-pharmacological alternative for pain relief.

General Information

Name: _____ Date: _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

Date of Birth: _____ Pronouns: _____ Referred by: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone # (In case you need assistance): _____

Your Occupation: _____

How do you use your body at work? Standing Sitting Computer Use Heavy Objects

Are you wearing contact lenses? Yes No Do you exercise regularly? Yes No

Are you allergic/sensitive to any oils, lotions, candles, or scents? Yes No

Please List _____

Have you recently had surgery, a severe illness, or an accident? Yes No

If yes, when did it occur? _____

Are you currently under the care of a healthcare provider for an injury or on-going illness? Yes No

Please explain: _____

Are you currently taking any medications? Yes No Please list: _____

What would you like to get out of this treatment?

Pain Relief Flexibility/Mobility Recovery Other _____

Precautions and Contraindications

Any of the below-described contraindications will require you to use discretion for your own well-being. Severe medical conditions will require a note of authorization from your doctor prior to the use of the Deep Tissue Laser.

Contraindications

Are you pregnant? Yes No

Do you have cancer? Yes No

Have you had cancer within the past 12 months? Yes No

Are you currently taking photosensitizing medications? Yes No

If yes, can you be in the sun for 10 minutes without having a reaction? Yes No

Please see other side →

Precautions

Are tattoos covering the area?

Yes No

Do you have a pacemaker or other implanted medical device?

Yes No

If yes, what is the device and where is it located? _____

Have you had steroid injections within the past 7 days?

Yes No

If yes, where? _____

Is your pain directly over an epiphyseal plate in children under 15 years of age?

Yes No

Is your pain over the Ovaries, Thyroid Gland, or Testes?

Yes No

Please read each statement and initial on each line to confirm your .

_____ I understand that Proactive Massage + Bodywork's Deep Tissue Laser Therapy is a safe and non-invasive treatment that has been cleared by the FDA to emit photon energy for the relief of minor muscle and joint pain, muscle spasm, and stiffness associated with minor arthritis, promoting relaxation of muscle tissue and increasing local blood circulation.

_____ I understand that every individual responds uniquely to laser therapy treatments. Some clients may see immediate results after the first treatment or, depending on the severity of their condition, may require several treatments before they begin to see results. Most patients experience a decrease in pain and an increase in range of motion within the first few hours (and up to 36 hours) of the first treatment.

Note: Increased soreness may occur after your first laser therapy treatment session. This is a normal healing phenomenon known as "retracing." If soreness occurs following your treatment, use ice for 5 minutes every 30 minutes, but no more than 5 minutes every 30 minutes. Repeat the icing as necessary.

_____ **Eye safety** - I understand that Deep Tissue Lasers emit both visible and invisible light. Protective eyewear is necessary at all times during the treatment. I will not remove the safety goggles until the administrator of the laser has turned off the laser treatment and provided notification that it is safe to remove them. You may be asked to remove reflective objects, such as rings, metal watch bands, and jewelry, prior to treatment with the laser.

What to expect

- Treatment should feel warm, never hot
- It may get warmer the longer we do the treatment
- Let your practitioner know if it ever becomes uncomfortable

Age Restrictions:

Restrictions depend on the situation and the treatment area. Generally safe for all ages.

Note: We cannot evaluate your medical conditions, medications, allergies, or surgeries with regards to the safety of *Deep Tissue Laser*. If you have any questions about the status of your health, please consult your physician before engaging in any service.

Waiver of Liability and Hold Harmless Agreement

1. In consideration for using the services, therapy, and machines (hereinafter referred to as "Treatment"), I hereby release, waive, discharge, and hold harmless Proactive Massage + Bodywork, LLC, its officers, servants, agents, employees, and volunteers (hereinafter referred to as "Releasees") from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury that may be sustained by any person, while using the equipment, or due to the use of the Treatment.

2. I hereby confirm that no warranty, guarantee, or other assurance has been made to me covering the results of the Treatment, and I hereby relieve them and hold them harmless from all liabilities for injury or damage that may occur to me. I fully understand the administration of the process, including possible adverse reactions, side effects, or other possible complications. It is understood that this consent is being given in advance of any administration of the process and is being given by me voluntarily to use the Treatment.

3. I am fully aware of the risks and hazards connected with the use of the Treatment, including the risk of physical injury or disability as the result of such injury, and I am voluntarily participating in said Treatment usage and entering the above-named premises to engage in such usage. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury that may be sustained, or for any loss or damage to property as a result of being engaged in such an activity. I further hereby agree to indemnify and hold harmless the Releasees from any loss, liability, damage, or costs that may incur due to my use of the Treatment. I understand that the Proactive Massage + Bodywork, LLC therapists are not qualified to diagnose or perform medical procedures, and nothing said during the Treatment session should be construed as such.

4. Prior to using the Treatment, I affirm that I have stated all my known medical conditions and answered all questions honestly. I further agree to update Proactive Massage + Bodywork, LLC as to any changes in my medical profile that may impact or limit my ability to utilize the Treatment and agree to defend and indemnify Proactive Massage + Bodywork, LLC and the above-named releases for failure to do so.

My signature below constitutes my acknowledgment that

(1) I have read, understand, and fully agree to the foregoing consent; (2) the proposed Treatment process has been satisfactorily explained to me, and I have all the information I desire; and (3) I hereby give my authorization and consent. This consent shall stand as long as I use the Treatment at the location now and in the future. I have read the instructions for proper use of the facilities and do so at my own risk. I hereby release the owners, operators, franchisers, or manufacturers from any damage or harm that I might incur due to the use of the Treatments or facilities.

In signing this release, I acknowledge and represent that I have read and understand the foregoing Waiver of Liability and Hold Harmless Agreement, I am at least eighteen (18) years of age and fully competent, and that I execute this Release for full, adequate, and complete consideration, fully intending to be bound by same.

Furthermore, I agree that I will comply with all instructions on the use of the Treatment and that I am using these services at my own risk. I agree to use all sessions within the terms of the contract dates and understand that refunds are not given on unused portions of purchased packages.

Client's Name (Please Print)

Client's Signature

Date

Parental Consent Form For Minors Under The Age of 18

If the client is under 18 years of age, parental consent is required. Please complete the form below for the consent of a minor;

I, _____ (print name of parent or legal guardian), acknowledge that I have read and understand the Proactive Massage + Bodywork, LLC Waiver of Liability and Hold Harmless Agreement, as well as the contraindications and waiver of risk. My son or daughter, _____ (print the name of the minor), has also read the Waiver of Liability and Hold Harmless Agreement and agreed to the contraindications and waiver of risk. I give consent on behalf of my minor to voluntarily undergo Treatment.

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date

Minor's Name (Please Print)

Minors Signature

Date