

# 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

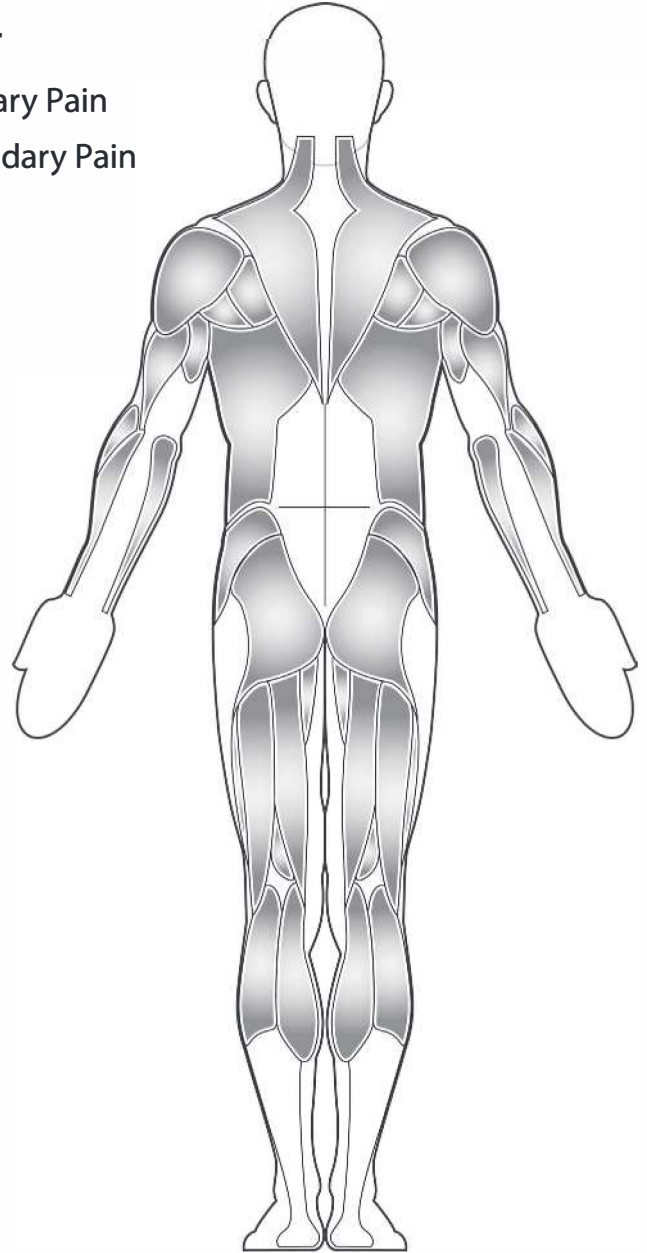
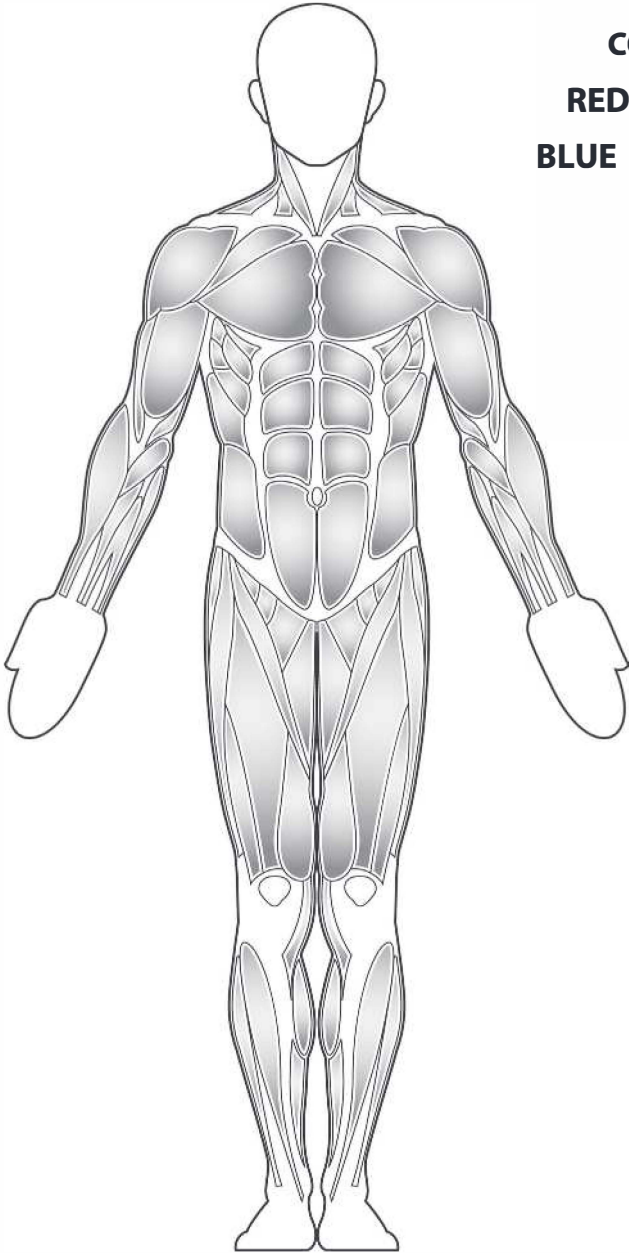
### BENEFITS TO PATIENT

- 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



# CONSULTATION FORM

## TREATMENT PACKAGES

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_



Chief complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Laser Therapy recommendations: \_\_\_\_\_ # of visits

Laser Therapy cost per visit: \$ \_\_\_\_\_

**Package A** ..... Visits @ \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Savings of \$ \_\_\_\_\_

**Package B** ..... Visits @ \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Savings of \$ \_\_\_\_\_

**TOTAL COST \$** \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Doctor Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

*I clearly understand that I am personally responsible for payment of any professional services rendered to me. I have been explained the potential benefits and side-effects of Class IV Laser Therapy. I understand the Doctor's recommendations for a series of treatments, but I also understand that there is no guarantee of results. I understand that these treatments are non-transferrable.*



Healing Your Pain... Changing Your Life.

© 2010 K-LaserUSA. All Rights Reserved.

# 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.

# Pain Assessment Tool

## Brief Pain Inventory (Short Form) - Modified

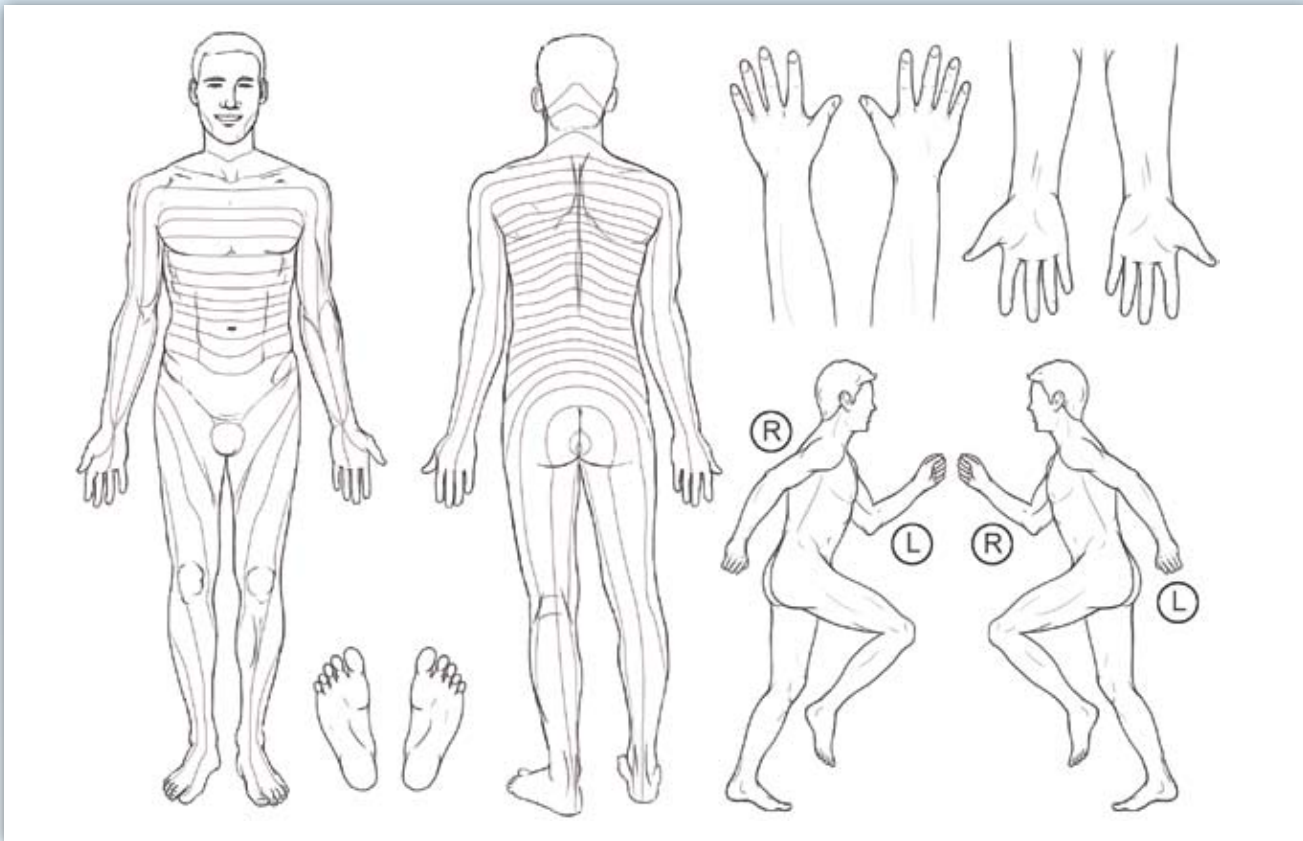
Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_, \_\_\_\_\_  
Last First

Throughout our lives, most of us have had pain from time to time (such as minor headaches, sprains, and toothaches). Have you had pain other than these everyday kinds of pain today?

Yes  No

**On the diagram below, shade in the areas where you feel pain. Put an "X" on the areas where it hurts the most.**



What things make your pain feel worse?

---

---

What things make your pain feel better?

---

---

What treatments or medications are you receiving for your pain?

---

---

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_, \_\_\_\_\_  
Last First

**Please rate your pain by circling the one number that best describes your pain at its WORST in the past week.**

No pain 0 1 2 3 4 5 6 7 8 9 10 Worst pain you can imagine

**Please rate your pain by circling the one number that best describes your pain at its LEAST in the past week.**

No pain 0 1 2 3 4 5 6 7 8 9 10 Worst pain you can imagine

**Please rate your pain by circling the one number that best describes your pain on the AVERAGE.**

No pain 0 1 2 3 4 5 6 7 8 9 10 Worst pain you can imagine

**Please rate your pain by circling the one number that tells how much pain you have RIGHT NOW.**

No pain 0 1 2 3 4 5 6 7 8 9 10 Worst pain you can imagine

**In the last week, how much relief have your pain treatments or medications provided?**

**Please circle the one percentage that shows how much RELIEF you have received.**

No relief 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100% Complete relief

**Circle the one number that describes how, during the past week, pain has interfered with your:**

**A. General activity**

Does not interfere 0 1 2 3 4 5 6 7 8 9 10 Completely interferes

**B. Mood**

Does not interfere 0 1 2 3 4 5 6 7 8 9 10 Completely interferes

**C. Walking ability**

Does not interfere 0 1 2 3 4 5 6 7 8 9 10 Completely interferes

**D. Normal work (includes both work outside the home and housework)**

Does not interfere 0 1 2 3 4 5 6 7 8 9 10 Completely interferes

**E. Relations with other people**

Does not interfere 0 1 2 3 4 5 6 7 8 9 10 Completely interferes

**F. Sleep**

Does not interfere 0 1 2 3 4 5 6 7 8 9 10 Completely interferes

**G. Enjoyment of life**

Does not interfere 0 1 2 3 4 5 6 7 8 9 10 Completely interferes

Interference Scale total score: / 70

Adapted from Cleeland and Ryan.<sup>1</sup>

An assessment tool for pain adds one component to subjective and objective parameters for the evaluation of a patient. Among available assessment tools, preferences vary across clinicians. As such, the Brief Pain Inventory Tool may or may not be better than any other assessment tool.

Reference: 1. Cleeland CS and Ryan KM. Pain Assessment: Global Use of the Brief Pain Inventory. *Ann Acad Med.* 1994;23(2):129-38.