Consent Form

Name:_____ Phone Number:_____

DOB:_____ Email:_____

PATIENT CONSENT: By answering the following question, you will assist our team in identifying if you are qualified to receive the application of today's treatment.

Are you Pregnant?	**Yes** ☐ **NO** ☐
Do you have Cancer/Tumor?	**Yes** ☐ **NO** ☐
Do you have a skin infection?	**Yes** ☐ **NO** ☐
Are you 16 years of age or younger?	**Yes** ☐ **NO** ☐
Do you have a tear in the tendon?	**Yes** ☐ **NO** ☐
Do you have a cardiac pacemaker?	**Yes** ☐ **NO** ☐
Do you have a bleeding disorder/ tendency to bleed?	**Yes** ☐ **NO** ☐
Are you on NSAIDS, OPIOIDS or Anti-coagulant treatment?	**Yes** ☐ **NO** ☐
Have you received a cortisone injection within the last 30 days?	**Yes** ☐ **NO** ☐

Please list check the areas of concern you would like addressed and treated:

Neck (**R**) ☐ Neck (**L**) ☐ Back (**Upper**) ☐ Back (**Lower**) ☐ Shoulder (**R**) ☐ Shoulder (**L**) ☐
Elbow (**R**) ☐ Elbow(**L**) ☐ Wrist (**R**) ☐ Wrist (**L**) ☐ Hand (**R**) ☐ Hand (**L**) ☐ Knee (**R**) ☐ Knee (**L**) ☐
Ankle (**R**) ☐ Ankle (**L**) ☐ Foot (**R**) ☐ Foot(**L**) ☐ Other:☐_____

RISKS OF PROCEDURE: There may be temporary pain &/or soreness. This typically resolves within hours or 1-2 days.

I,_____ , (**Circle one: Patient/Legal Guardian**) do hereby consent to authorize the application of today's treatment for the above stated issues. I fully understand the nature of today's treatment/procedure. I have researched the treatment option &/or the treatment has been fully explained to me by the treating physician/staff. I confirm that upon entering the facility I have been provided the opportunity to have a discussion to clarify any concerns I may have. I authorize that guaranteed results/expectations have not been promised to me. I also understand I am forgoing the opportunity for alternative &/or medical treatments and opting to have today's treatment per my personal discretion.

Signature:_____ **Date:**_____

Progress Notes

Name:_____

Prescribed Number of Visits:_____ Payment Type: Paid in full ☐ Pay as needed☐ One time☐

VISIT #	DATE	AREA	Energy	Freq(Hz)	Target	Paid?
Consult	/ /					☐
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