

# Extracorporeal Radial Shockwave Therapy Consent Form

## Demographics:

Date \_\_\_\_\_

Full Name \_\_\_\_\_ DOB \_\_\_\_\_ Biological Sex  F  M

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

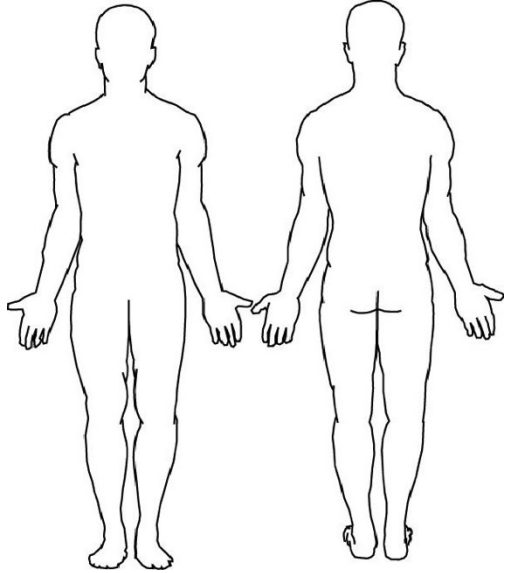
Phone  Home \_\_\_\_\_  Cell \_\_\_\_\_  Work \_\_\_\_\_  
(Please check where we can leave a detailed message of patient information during business hours)

Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Are you currently enrolled in Medicare?  Yes  No

Please review the following contraindications and check those which apply to you:

- Coagulation disorders, thrombosis, heart or circulatory patients
- Use of anticoagulants, especially Marcumar, Heparin, Coumadin
- Tumor diseases, carcinoma, cancer patients
- Pregnancy
- Polyneuropathy in case of diabetes
- Acute inflammations / pus focus in the target area
- Children under the age of 16 or open growth plates
- Cortisone therapy up to 6 weeks before first treatment



Please circle the area of your pain and rate your pain on a scale from 0 – 10 (0 being no pain, 10 being extreme pain):

Area 1: 0 1 2 3 4 5 6 7 8 9 10

Area 2: 0 1 2 3 4 5 6 7 8 9 10

Area 3: 0 1 2 3 4 5 6 7 8 9 10

## Possible side effects:

- Swelling,
- reddening,
- hematomas,
- pain
- skin lesions after previous cortisone therapy

These side effects generally abate after 5 to 10 days. Pain can increase temporarily. Bruising and or swelling are also possible.

**I agree to Extracorporeal Shockwave Therapy and understand the risks and possible complications involved. Bainbridge Island Physical Therapy reserves the right to charge a No Show fee of \$125 should the client not show up to a scheduled appointment or cancel less than 4 hours in advance.**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_