

## LIGHT THERAPY INFORMED CONSENT FORM

**INTRODUCTION:** Originally researched and developed by NASA, low-level light therapy, also known as photobiostimulation, is the application of light energy to the body to obtain therapeutic benefits. It produces a natural photobiochemical reaction similar to the process of plant photosynthesis and has a wide range of beneficial applications across many medical fields, including the treatment of skin, muscle, joint and pain conditions. Low-level light therapy provides compromised cells with the energy to regain and restore vitality naturally. Its powerful, deeply penetrating wavelengths are absorbed by photoacceptors in the mitochondria of cells. This process increases the production of adenosine triphosphate (ATP), the fuel that drives all cells. This boost of cellular energy results in a cascade of metabolic events leading to an increase in microcirculation, tissue repair, and a decrease in inflammation and pain.

**LED LIGHT THERAPY:** is the process in which certain colors of light are used to trigger naturally occurring physiological processes in the body, including cellular healing and nitric oxide release. Clinical studies show nitric oxide can help increase and support basic functions in nearly every part of the body including, but not limited to, increased circulation, stimulated collagen production, increased lymphatic system activity and decreased nervous excitability. LED light therapy is non-invasive, non-abrasive, and safe for most ages.

Light Therapy can also be used as a non-ablative cosmetic procedure which utilizes Light Emitting Diode (LED) technology to treat a variety of skin imperfections such as fine lines, scarring, blemishes, uneven skin tone and texture, and stretch marks. The Light Therapy treatment is a gentle and natural treatment. Light Therapy may use visible red (red light), blue (blue light), yellow (yellow light) and infrared (invisible light) energy to stimulate your body's own regenerative metabolism at the cellular level. By stimulating the body's tissues to convert light energy into cellular energy (ATP), a light therapy treatment provides energy that your cells can use to:

- accelerate the production of collagen and elastin
- increase cellular permeability, allowing for increased cellular nutrient intake
- increase the removal of excess fluid and waste products from the cells
- increase the production of macrophage cells for the removal of toxins and scar tissue
- increase lymphatic drainage
- increase vascularization (blood flow) to the surface of the skin

**BIOMAT -INFRARED CHAKRA STONE THERAPY MAT** for pain and stress management, detoxification and immune system function.

I understand that Biomats are used for detoxification and do not claim to diagnose, treat, cure, or prevent any medical condition. The research and action of infrared products only claims the statements listed in the Medical Device of the FDA's regulation. The human body naturally has self-healing abilities with its immune system; the BioMat may provide a supportive function for the human body's self-healing processing and possibly offer pain relief. Since every individual is unique consult your medical professional regarding any health concerns.

**TDP/ Heat lamp (with or without infrared wavelength):** The use is to warm an area of the body and induce relaxation. Recent research shows possible benefits for treatment in pain. Burns and/or scarring are a potential risk of when treatment involves the use of heat lamps

**BENEFITS SUMMARY:** Low-level light therapy has been shown to effectively treat a wide variety of skin and musculoskeletal conditions. It is FDA-cleared for fine lines and acne as well as arthritic pain, muscle and joint pain, and muscle and joint stiffness. In addition, it has clearances for muscle tissue tension and spasm, and is proven to decrease inflammation and increase microcirculation and can be used anywhere on the body.

**PROCEDURE:** Unless modified by your acupuncturist's treatment sessions consist, each, of 20-minute increments. The total amount, and frequency, of visits within a course of treatments will depend on the condition(s) treated and their severity. This will be determined at the time of the initial consultation. Should additional treatments augment the desired results, the practitioner will discuss them with you.

**RISKS AND SIDE EFFECTS:** Light therapy treatments are non-invasive and are intended not to produce any thermal damage or pain. Even though appropriate measures are taken to reduce side effects, they cannot be completely eliminated in every case. It is important to notify your acupuncturists if you have any problems or concerns such as uncomfortable heat from the pad or panel, prolonged redness of the skin, swelling, itching or severe headaches during or after the treatment. These are all indications of sensitivity to light in which case you would want to discontinue the treatment immediately. These side effects rarely occur and usually subside within 24 hours of discontinuing the treatment. **It is also important to notify your acupuncturists if any conditions to your medical history change such as becoming pregnant or diagnosis of a medical condition.** I understand the treatment may involve risks of complication or injury from both known and unknown causes, and I freely assume these risks.

I understand that Three Moons Acupuncture staff are not licensed physicians and are unable to cure, diagnose, mitigate, prevent, or treat conditions as the primary provider. Services provided by the staff are for pain reduction and increased circulation. Light therapy should not be used as a replacement for medical treatment from a licensed physician or other healthcare provider.

I have been informed that light therapy is generally safe. While side effects are not common, if they do occur, they're usually mild and short lasting (noted above).

**CONTRAINDICATIONS:** Not for use on children under 13; do not use over breast or stomach of breast feeding or pregnant woman; patients with epilepsy or history of seizures; avoid with patients taking cortisone or other steroidal injections; avoid patients taking photosensitive drugs; do not use over known cancer tumor or metastasis; eye protection recommended but not required.

Light therapy is non-invasive. **Again, It is important to notify the practitioner if your medical history changes such as becoming pregnant or if you have been diagnosed with an unexpected medical condition.**

Are you/do you currently take any of the following (Please circle all that apply):

Pregnant/Breastfeeding: YES / NO	Active Bleeding: YES / NO
Low Blood Pressure: YES / NO	Infectious Diseases: YES / NO
Epilepsy/Seizures: YES/ NO	Heart trouble/pacemaker YES / NO
Active Carcinoma: YES / NO	Taking Blood Thinners: YES / NO
Eye disease/retinal abnormalities YES / NO	Skin Cancer YES / NO
Undergoing Chemotherapy YES / NO	Acute or Cutaneous Porphyria YES / NO
Hypomelanism (albinism) YES / NO	Taking Nitrates: YES / NO
Lupus Erythematosus YES / NO	Thyroid Problems YES / NO
Migraines YES / NO	Exogenous Eczema YES / NO
Photophobia YES / NO	Asthma YES / NO
Diabetes YES / NO	Peripheral Neuropathy YES / NO

\*If you answered yes to any item, you must get approval from a licensed physician prior to demonstration or use of the device.

Please check off any cosmetic treatments you have had in the past 48 hours:

Facial Peels  Injectables  Microcurrent facial  Microdermabrasion  
 Laser Resurfacing  IPL (Intense Pulse Light)  Pulse Dye

\*If you answered yes to any item above, you may not be a candidate for light therapy. Further consultation is required.

**Are you currently pregnant or planning to become pregnant in the next eight weeks?**

**YES / NO**

**If you answered yes, then you are not a candidate for light therapy.**

\*Please carefully look over the following list of medications and check off any you have taken in the past 7 days. These medications have been known to cause light sensitivity and it is recommended that you suspend the medications for 5-7 days before undergoing light therapy. Please be sure to check with your doctor before discontinuing any prescribed medications.

**Anti-Arrhythmic** Amiodarone (Pacerone® Cordarone® Aratac®) Chlorpromazine (Thorazine®, Chloramead®, Chlordryprom®, Chlor® Promanyl®, Largactil®, Promapar®, Promosol®, Terpium®, Sonazine®)

**Acne** Oral Isotretinoin (Accutane®, Accure®, Aknenormin®, Amnesteem®, Ciscutan®, Claravis®, Isohexal®, Isotroin®, Oratane®, Sotret®, Roaccutane®) Topical Isotretinoin (Isotrex®, Isotrexin®)

**Anti-Psychotic** Haloperidol (Haldol®) Trifluoperazine (Stelazine®, Clnazine®, Novoflurazine®, Pentazine®, Solazine®, Terfluzine®, Triflurin®, Tripazine®)

**Anti-Fungal** Griseofulvin (Grifulvin®)

**Antibiotics** Tetracycline (Helidac®, Terra-Cortril®, Terramycin®, Sumycin®, Actisite®, Bristacycline®, Actisite®, Tetrex®, Doxycycline®, Ciprofloxacin®) Norfloxacin (Noroxin®, Quinabic®, Janacin®) Ofloxacin (floxin®, Oxaldin®, Tarivid®) Nalidixic acid (NegGam®, Wintomylon®) Ciprofloxacin (Cipro®, Ciproxin®, Ciprobay®) Minocycline (Minomycin®, Minocin®, Arestin®, Akamin®, Aknemin®, Solodyn®, Dynacin®, Sebomin®) Oxytetracycline Demeclocycline Lymecycline

**Cancer** Methotrexate (MTX®, Aminopterin®, Ledertrexate®)

**Arthritis** Auranofin (Ridaura®)

The above drugs are currently the most common medications associated with photosensitivity and are by no means a complete list of all photosensitive medications. Herbs and over the counter medications such as psoralen and St. John's Wort can also cause sensitivity to light as well as citrus based topicals including essential oils and cosmetic products that may be worn daily. Therefore, it is important to disclose any and all medications or herbs you are currently taking. Please list any additional medications NOT listed above you may currently be taking or have taken in the past 7 days:

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**PRE / POST TREATMENT INSTRUCTIONS:** In order to maximize your treatment, you should practice healthy eating habits, increase water intake, limit sunbathing, alcohol consumption, and smoking while undergoing your series of light therapy sessions and up to six weeks following your treatment. Most patients will continue to see a marked improvement in their skin over the 12-week treatment period even after the initial LED sessions have concluded. As with any treatment, individual clinical results will vary from person to person and no guarantees can be made that expected or anticipated results will be achieved. I am aware that follow-up treatments may be necessary for desired results. Most patients require a number of treatment sessions over several weeks with gradual results occurring over time. I agree to adhere to any and all safety precautions and regulations during the treatment. No refunds will be given for treatments received. I have read and understand the Pre and Post Treatment Instructions. I agree to follow these instructions carefully. I understand that compliance with recommended pre and post procedure guidelines are critical in determining the effectiveness of the treatment sessions.

It is important that you read the above information carefully and have all your questions answered before signing the following consent.

**DISCLAIMER:** I understand that this intervention is not intended to diagnose any medical condition, or to take the place of any medical treatment prescribed by my physician.

I further understand that no guarantees or assurances have been made as to the results of such services, and that these services are intended as a complement to the medical plan of treatment provided to me by my physician, not as a cure of any medical or emotional condition. By signing below, I agree that information I have provided is accurate to the best of my knowledge. I have read and understand all above information and give my full consent to receive light therapy from Three Moons Acupuncture. I acknowledge that this consent is given of my own free will and conscience, with no outside sources affecting my decisions, and that any questions have been answered by the Three Moons Acupuncture staff.

No client information will be disclosed to anyone outside of the demonstration without written consent from the client, unless required by law.

**PHOTOGRAPHS:** Due to the nature of the treatment, it is important to obtain before, during and after photographs to clearly document the results that are being achieved throughout the treatment period. I consent to the taking of clinical photography and its use for my personal electronic health records only. I fully understand my identity will be protected. I acknowledge that a separate release form must be signed for any other use of my photographs.

The nature and purpose of the treatment has been explained to me. I have carefully read and understand this agreement and fully understand its contents. All my questions have been answered to my satisfaction and I consent to the terms of this agreement. Alternative methods

of treatment have been explained to me and I understand that I have the right to refuse treatment.

I am aware that this is a release of Liability, a waiver of legal rights and contracts between The Balanced Tree LLC DBA Three Moons Acupuncture and the undersigned.

I release The Balanced Tree LLC DBA Three Moons Acupuncture from liability associated with this procedure. I certify that I am a competent adult of at least 18 years of age (or 13 years old with legal parental consent) and sign this at my own free will. This consent and waiver form is voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successor, and assigns.

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

Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Legal Guardian (if under 18 yrs old) : \_\_\_\_\_

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