



PACIFIC SPINE & SPORTS

OC's Premier Wellness Center

CLIENT INFORMATION AND RELEASE

Name	Date		
	DOB	<input type="checkbox"/> F	<input type="checkbox"/> M

Personal Information			
Address:			
Contact Information	Cell:	Email:	
	Work:		
	Home:		
Preferred Method of Contact: <input type="checkbox"/> Email <input type="checkbox"/> Telephone			
How did you hear about us?		<input type="checkbox"/> Email <input type="checkbox"/> Website <input type="checkbox"/> Social Media <input type="checkbox"/> Skin Care Professional <input type="checkbox"/> Friend	
		<input type="checkbox"/> Other:	

Current Medications: (if any)

Check any that apply:	
<input type="checkbox"/> Topical Retin-A	<input type="checkbox"/> Accutane
<input type="checkbox"/> Pregnant	
<input type="checkbox"/> Antibiotics	

Although LED has no contraindications, if you are suffering from cancer, a terminal illness, or you are pregnant; we advise getting approval from your health care professional prior to light therapy treatment. If you are on antibiotics or suspect you have skin sensitivity issues to light, please let us know and we will perform a skin sensitivity test.

I hereby affirm that I have responded to all questions honestly. I acknowledge that LightStim and the facility providing the service will rely on the information provided herein. I agree to update any changes to the information provided herein prior to any future treatments. I acknowledge and understand that LED light therapy treatment is not intended to diagnose, treat, cure or prevent any disease or illness. **I hereby voluntarily agree to release the facility providing the service and LightStim, its owners, agents, and employees from any liability for any injury, loss or consequence that may arise as a result of or in connection to any LED bed treatments.**

Signature:		Date:	
Print Name:			