



Shockwave Therapy Patient Consent Form

Name: _____ DOB: _____

Suitability for ESWT (Extracorporeal Shockwave Therapy), also known as Softwave Tissue Regeneration Technologies

By answering the following questions, you will assist us to decide if you are suitable for ESWT.

- Have you been injected with cortisone this month? Yes / No
- Are you using a cardiac pacemaker? Yes / No
- Do you have cancer / tumor? Yes / No
- Do you have a skin infection? Yes / No
- Are you pregnant or do you suspect you may be pregnant? Yes / No

RISK OF THIS PROCEDURE

- A) Pain and soreness. This is temporary and resolves after a few days.
- B) The FDA has labeled this a "Non-Significant Risk" therapy

Consent for Procedure

I, do hereby consent to authorize the application of Extracorporeal Shockwave Therapy (ESWT).

Signed: _____ Date: _____

I authorize Abundant Life Chiropractic P.A. to use and disclose for educational and/or marketing purposes my first name, photographic and/or video images of me, and/or testimonials that I have provided regarding the practice.

Circle: YES NO

Signed: _____ Date: _____

Minor's Guardian's Consent: _____

TRT Treatment Patient Info

Patient's Full Legal Name: _____ Prefer to be called: _____

Birth Date: _____ Age: _____ Sex: M F SS#: _____

Home Mailing Address: _____ City: _____ State: _____ Zip: _____

Email Addresses: (H): _____ (W): _____

Phone #'s: (H): _____ (C): _____ (W): _____

Preferred method of contact: Home Email Work Email Home Address Home Phone Cell Phone Work Phone

Emergency Contact: _____ Relationship: _____ P: _____

Whom may we thank for referring you? Google Facebook Person: _____ Other: _____

Major Complaint: _____ Secondary Complaints: _____

Describe WHEN and HOW this began: _____

Grade Intensity/Severity of Complaint: None (0) / Mild (1-2) / Mild-Mod (2-4) / Moderate (4-6) / Mod-Severe (6-8) / Severe (8-10)

Quality of the complaint/pain: Sharp / Stabbing / Burning / Achy / Dull / Stiff & Sore / Other: _____

How frequent is the complaint present? Off & On / Constant

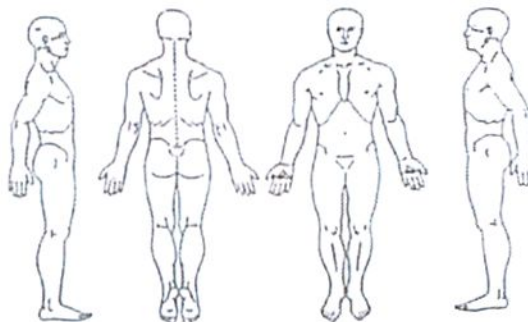
Does this complaint radiate/shoot to any areas of your body? No / Yes (If so, Where) _____

Does anything make the complaint better? Ice / Heat / Rest / Movement / Stretching / OTC / Other: _____

Does anything make the complaint worse? Sit / Stand / Walk / Lying / Sleep / Overuse / Other: _____

Which daily activities are being affected by this condition? (Describe) _____

Please (X) where you feel pain on figure





SoftWave

Tissue Regeneration Technologies

Softwave Post-Treatment Information

Now that you have experienced your first ever Softwave Tissue Regeneration treatment, here are a few things that you can do to ensure you have the best possible outcomes.

You just received treatment on one part of your body that was experiencing pain as was identified by the pain or tenderness felt from the softwaves. These softwaves are electro-hydraulically produced sound waves that exit the applicator at 3,355 miles per hour.

This creates a shearing force on a cellular level that helps **break up scar tissue** and remove oxidative stresses that have built up around the cell membrane. This tricks the body into thinking there is a new injury without damaging the tissue, but helps activate an innate healing response on a cellular level. It also **decreases inflammation and pain** at the treatment site.

The best part is that research suggests this treatment stimulates your **OWN STEM CELLS** within 45 minutes of this treatment. Stem cells are the repairmen of the body. This helps attract other helper cells and reset the body naturally. These repair and helper cells are signaled to come out over the next few weeks and start the healing process to the damaged tissue.

Typically, after the third treatment, we should see a 60-75% reduction in pain. After 5-6 treatments, we should have the maximum stem cell production that will continue to migrate and repair the tissue over the next 8-12 weeks. Research shows a success rate for musculoskeletal disorders of 65-91%.

#1 - For the next 15-20 hours, you should notice the most decrease in pain and swelling, as well as an increase in range of motion and circulation.

#2 - The **TRUE** healing will be 8-12 weeks from now when the maximum amount of stem cells have been produced and migrated to the treated area.

#3 - **Please do not ice or take any Advil or Ibuprofen.** (this will lessen the effectiveness of your treatment.) Take care and rest the next 2-3 days until your next session. Do not go do rigorous exercise tomorrow even though you may feel great! We just ignited a healing process and we want your body to work on that instead of working on additional stress to the treated area.