ZERONA INTAKE FORM

Patient's Name_____ Todays Date_____

Age_____ Birth Date_____ Marital Status: single /married/partnered

Address_____
City_____ State_____ Zip_____

Home Phone_____ Cell Phone_____ Work Phone_____
Email_____ Driver's License #_____

Spouse Name (Parent if Minor)_____ Phone_____
Emergency Contact_____ Relation_____ Phone_____
Employer_____ Occupation_____
How did you hear about Animas Laser Therapy?_____

What would you like to accomplish at Animas Laser Therapy? Area(s) to focus on?_____
_____
_____

Height_____ Current Weight_____ Desired Weight_____
Do you exercise? Yes / No Type_____ How often_____
Are you in "good" health currently? Yes / No Please explain _____
_____
_____

Do you have a Physician(s)? Yes / No Name and Practice Location_____
_____
When was your last physical?_____ Result_____
Do you have allergies? Yes / No Please explain_____
Are you under Psychological or Psychiatric Care? Yes / No Please explain_____
_____

How many bowel movements do you have each day?_____ Each week?_____

Ladies Only
Are you pregnant? Yes / No What is the date of your last period?_____

Please describe a typical day's diet. Include quantities:

Breakfast:_____
_____
Lunch:_____
_____
Dinner:_____
_____
Snacks:_____

MEDICAL HISTORY

History of past or current medical conditions (Please check all that apply):

Abdominal Surgery (Tummy Tuck)
- ❑ Abdominal Bruising
- ❑ Abnormal hair growth
- ❑ Abnormal periods
- ❑ Active Collagen or Vascular Disease
- ❑ Anaphylaxis
- ❑ Angina
- ❑ Arthritis
- ❑ Atherosclerosis
- ❑ Autoimmune disorders (Lupus, etc.)
- ❑ Bladder infection
- ❑ Bursitis
- ❑ Cancer (including skin cancer)
- ❑ Circulation Problems
- ❑ Cirrhosis
- ❑ Cold Sores
- ❑ Colitis
- ❑ Constipation
- ❑ Coronary artery disease
- ❑ Crohn's
- ❑ Diabetes
- ❑ Diarrhea
- ❑ Diverticulitis
- ❑ Diverticulosis
- ❑ Chronic Skin Disorders
- ❑ Depression
- ❑ Diabetes
- ❑ Dizziness / Fainting
- ❑ Enlarged Thyroid
- ❑ Fatigue
- ❑ Fissures/Fistulas
- ❑ Gall bladder disease
- ❑ Headaches
- ❑ Heart Problems
- ❑ Hemorrhoids
- ❑ Hepatitis C/D Positive
- ❑ Herpes Simplex Virus
- ❑ High or Low Blood Pressure
- ❑ HIV/AIDs
- ❑ Insomnia
- ❑ Irritable Bowel Syndrome
- ❑ Lactating (Breast feeding)
- ❑ Liposuction (check area below)
  - ❑ Abdomen ❑ Flanks
  - ❑ Thighs ❑ Buttocks
  - ❑ Hips ❑ Other
- ❑ Liver trouble
- ❑ Kidney infection/stone/failure
- ❑ Low back pain
- ❑ Lypomas
- ❑ Lypodema
- ❑ Metabolic Disorder(s)
- ❑ Neck pain
- ❑ Other pain
- ❑ Organ Transplant
- ❑ Pacemaker or Defibrillator
- ❑ Painful urination
- ❑ Phlebitis and blood clotting
- ❑ Polycystic Ovary Syndrome
- ❑ Poor circulation
- ❑ Pregnancy
- ❑ Prostate
- ❑ Rapid/irregular heart rate
- ❑ Rectal bleeding
- ❑ Seizures
- ❑ Slow healing of cuts/bruises
- ❑ Thickened scars
- ❑ Vomiting blood

Please explain any "checked" answers from above:

Aside from answers marked above, have you had any other serious illnesses? If yes, what and when?

Have you ever had surgery? If yes, what and when?

Have you ever had any aesthetic procedures such as laser therapy, peels, etc. If yes, what and when?

CURRENT MEDICATIONS (Please circle all that apply)

Accutane (within six months) Aspirin Immunosuppressant Anti-inflammatories

SOCIAL HISTORY

Alcohol use? If yes, how much?

Nicotine Use? If yes, how much?

Recreational drug use? If yes, what and how much?

_____ _____

Patient Signature Date

INFORMED CONSENT FOR ZERONA

A. Program and Background

You have requested to be treated with the Zerona™ low-level laser manufactured by Erchonia Medical®. In contrast to high-power lasers, the low-level laser used for this treatment has no thermal effect on tissue and is completely painless. Non-invasive Zerona treatments have been shown through extensive research to drain the triglycerides (stored fat) from the fat cells. The fat is then absorbed and eliminated via the lymphatic system. This therapy has been tested in several institutional review board approved studies in a double blind; placebo controlled fashion and is found to be generally effective. Any medical or cosmetic procedure carries risk, complications and varied results as to the effectiveness of a particular treatment. The purpose of this document is to make you aware of the nature of this product and its risks in advance so you can decide whether to go forward with this procedure.

_____Initial

B. Procedure

Initially you will consult with an Animas Laser Therapy team member, to determine if you are a good candidate for low-level laser therapy. During this time, you will have the opportunity to ask questions or voice concerns you may have concerning this treatment. If it is determined you are a candidate for this procedure, there will be a few preliminary steps including measurements and photos for documentation. You are welcome to opt out of photo documentation; Identifying features (head shots) will be cropped or deleted to maintain your privacy. Please bring or wear a swimsuit or bra and underwear that you are comfortable being photographed in. We request that you wear the same undergarments for all of your photo/measurement sessions for comparison.

_____Initial

Proceeding, you will need to change into appropriate clothing so the areas concerned are exposed for treatment. From here, the treatment will be administered by aiming Zerona's six low-level lasers over the area(s) to be treated. You will be treated for twenty minutes while lying on your back, then for 20 minutes while lying face down.

_____Initial

It is recommended that a patient initially receive a minimum of six Zerona treatments within two weeks to achieve best results. Some people may require more treatments for best results. Each treatment will last 50 minutes, 40 relaxing minutes of fat melting laser, and 10 minutes of gentle lymphatic activation to maximize the removal of fat. This treatment should be used in conjunction with a healthy diet, exercise, and a specific recommended amount of water intake. Low-to-moderate intensity exercise is highly recommended while under Zerona care because it will maximize your fat loss potential. If you are not currently exercising you should consult a health care professional before beginning any exercise program to determine if your body is physically able.

_____Initial

C. Risks/Discomfort

There are few risks associated with low-level laser therapy. This treatment is non-invasive and uses a cold output laser. During treatment, no discomfort will be present and you will not feel the laser, however the laser lights will be visible. It is possible that you may not see any improvement in your body shape. There also may be unknown risks associated with low-level laser therapy. The only known or anticipated risk with the use of the Zerona device is long-term exposure of laser light to the retina, which could cause damage to eyesight. You will be provided with protective eyewear that MUST be worn throughout the course of each treatment.

_____Initial

If at any time during the treatment I experience pain or discomfort of any kind, I agree to inform the staff immediately and/or terminate the session at my discretion. *Please inform us if you think you are pregnant, or are unsure if you may be pregnant, as a pregnancy test may be required to proceed.

_____Initial

D. Benefits

Benefits of low-level laser therapy are well established within the scientific community. Low-level laser therapy has been used by many healthcare professionals for pain management, fat loss/body contouring, dermatologic conditions, and

much more. With this Zerona treatment, areas with stubborn pockets of fat can be targeted; the most common treatment areas are the waist, hips, flanks, and thighs. In clinical trials, patients have averaged 3-6 inches lost from their stomach, hips, and thighs. Results vary on a case-by-case basis and no guarantee is implied or suggested.

_____Initial

E. Alternatives

This is strictly a voluntary cosmetic procedure. No treatment is necessary or required. Alternatives include liposuction, diet and exercise; I acknowledge this and I acknowledge that another alternative is to decline our services and consult with other providers.

_____Initial

STOP!
DO NOT SIGN BELOW IF YOU HAVE NOT READ
OR DO NOT UNDERSTAND THE ENTIRE INFORMED CONSENT AND AGREEMENT

By signing this Informed Consent, you acknowledge that you have carefully read and understand this document and understand that you should not sign this form if any of your questions have not been answered or if you do not understand any of the terms. By signing this Informed Consent and Agreement you release Animas Laser Therapy, LLC, its owners, employees, providers, affiliates, and representatives from all liability. You agree to waive any right to bring legal action to or assert any claim against Animas Laser Therapy, LLC. I have read and fully understand this Informed Consent and Agreement.

Patient or Person with Authority to Consent **Date**

Witness **Date**

ANIMAS LASER THERAPY, LLC
INFORMED CONSENT AND AGREEMENT TO RECEIVE
LOW-LEVEL LASER THERAPY (LLLT) & WELLNESS CONSULTATION

I, _____ agree to and understand the following:

1. **NOT A REPLACEMENT FOR MEDICAL CARE; PRESCRIPTION CHANGES**: Services provided at Animas Laser Therapy, LLC are not a substitute for primary or specialized medical care and do not take the place of medical evaluation. Please consult with all of your health providers about services recommended by and received in this office. DO NOT alter any medical treatment plan or prescriptions without the approval of your physician. By signing this consent, you agree to discuss any and all services with your physician and to tell your physician about the services you receive.

2. **CONTRAINDICATIONS, INCLUDING PREGNANCY**: Women who are pregnant or may be pregnant should not receive Low-Level Laser Therapy. By signing this form, I represent that I am not pregnant and that I have consulted with my primary care physician or another specialist physician regarding whether I may be pregnant. I further understand that I should not receive Low-Level Laser Therapy if I have any of the following and I represent that I DO NOT have:

   - cancerous, or potentially cancerous lesions
   - carcinoma
   - epilepsy
   - any photosensitizing skin condition or take any photosensitizing medication
   - hyperthyreosis

3. **RISKS**: The services provided by Animas Laser Therapy, LLC have some risks. While no serious adverse outcomes have ever been reported with Low-Level Laser Therapy, I understand that unforeseeable risks may be present in any modality and I accept these risks at my own willful volition. Such risks may include, but are not limited to, burns, discoloration, mild discomfort, and/or pain. I understand that my symptoms may temporarily worsen upon first starting laser therapy, especially symptoms from old injuries and chronic pain. Nutritional recommendations, including dietary supplements, vitamins, minerals, herbs, and other nutrients are generally considered safe; however, they involve some risks including, without limit, changes in blood sugar, gastrointestinal upset, allergic reaction, and toxicity. They may also interact with some drugs and may be inappropriate during pregnancy. Accordingly, you should consult with your prescribing provider about any drugs you are taking, and immediately report pregnancy and any adverse effects to all care providers.

4. **ALTERNATIVES:** Alternatives include declining our services and consulting with other providers.

5. **LIMITED LIABILITY**: You agree on behalf of yourself (and your personal representatives, heirs, executors, administrators, agents and assigns), to the maximum extent permitted by law, to waive, release, and discharge Animas Laser Therapy, LLC and it's employees, agents, and representatives from any and all liability, claims, or causes of action arising out of alleged acts or failures to act, including liability, claims, or causes of actions resulting from negligence. This consent and agreement is intended to be a complete release of liability to the greatest extent allowed by law and if any portion is held to be invalid, the remainder shall be valid. This waiver and release of liability includes, without limit, injuries that may occur as a result of your use of equipment, services, or facilities, and any instruction and/or supervision received while at Animas Laser Therapy, LLC; and slipping and/or falling while in or on the premises and/or therapeutic care in any healing modalities.

6. **REVIEW AND AGREEMENT**: By signing this Informed Consent and Agreement, you acknowledge that you have received a copy of this document and that you have read, and fully understand and agree to its terms.

7. **PROVISION OF SERVICES BY NON-PHYSICIAN**: By signing this Informed Consent and Agreement, you acknowledge that you have read the following information related to the provision of services at Animas Laser Therapy, LLC and that you consent to such services:

   a. Services may be delegated to the staff, some of whom may NOT be licensed health care providers, at the discretion of the designated Medical Director.

   b. Services that are medical services are provided pursuant to delegated authority by the Animas Laser Therapy, LLC Medical Director;

   c. Dr. Michelle Hemmingway, M.D. is the Medical Director for Animas Laser Therapy, LLC;

   d. The Medical Director is available personally to consult with you and provide evaluation or treatment in relation to the delegated services;

   e. Upon my request, the Medical Director will timely and personally provide consultation, evaluation or treatment, and will provide appropriate follow-up care and/or referrals.

8. **NO GUARANTEE:** Individual results vary and Animas Laser Therapy, LLC does not guarantee or otherwise promise any results. The services provided are intended only to support fat reduction and body contouring, and support pain management through reduction of inflammation and increased blood flow, the success of which is NOT guaranteed.

9. **PAYMENT, INSURANCE, AND REFUNDS:** Payment for services is not conditional on response. This office does not accept insurance. Any insurance you have is an agreement between you and your insurance carrier and you are responsible for payment of services, whether or not they are covered by insurance. Prorated fees for unused, prepaid services will be refunded if you wish to cancel; however, no refunds are available for products purchased or services rendered.

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OR DO NOT UNDERSTAND THE ENTIRE INFORMED CONSENT AND AGREEMENT

By signing this Informed Consent and Agreement, you acknowledge that you have carefully read and understand this document and understand that you should not sign this form if any of your questions have not been answered or if you do not understand any of the terms. By signing this Informed Consent and Agreement you release Animas Laser Therapy, LLC, its owners, employees, providers, affiliates, and representatives from all liability. You agree to waive any right to bring legal action to or assert any claim against Animas Laser Therapy, LLC. I have read and fully understand this Informed Consent and Agreement.

_____ _____

Patient or Person with Authority to Consent **Date**

_____ _____

Witness **Date**