



MESOTHERAPY FOR PAIN – INTAKE FORM

(this form is also used for Prolotherapy)

Patient Information:

Name: _____ Date: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: (H) _____ (Cell) _____

Date of Birth: _____ (YYYY/MM/DD) Age: ____ Sex: M / F / _____

Occupation: _____ Email: _____

By providing my email, I agree to receiving clinic email reminders, health updates, promotions, etc.

In case of emergency, who should we contact: _____

How did you find out about our services? _____

What are your main complaints?

Details regarding Major Complaint:

Where is the problem located? _____

When did it start? How? _____

Have you had this condition before? When? _____

Is it getting worse? _____ coming and going? _____ getting better? _____

How often does it bother you? _____

Is there a pattern? Time of day _____ Time of year/season _____

What makes it better? Heat ____ Cold ____ Pressure ____ Other _____

What makes it worse? Heat ____ Cold ____ Pressure ____ Other _____

Describe the pain, if any: Dull/Aches ____ Shooting ____ Other (pin prick, tight, squeezing, band sensation, expanding...) _____

Does the pain radiate? To where? _____

Severity of pain out of 10 (10 = worst pain) _____

Please list all **allergies/sensitivities**:

Please list any **medications** and **supplements** you are currently taking and **dosage**:

Please list all **accidents, surgeries** or **hospitalizations** and the **year** they occurred:

Consent for Treatment with Essence Wellness Clinic

I am hereby requesting Mesotherapy and/or Prolotherapy injection treatments from a Naturopathic Doctor at Essence Wellness Clinic. I consent to Mesotherapy and/or Prolotherapy injection therapy at the discretion of the Naturopathic Doctor as to the location and number of injections required for my treatment.

The following are potential **risks and complications** of undergoing mesotherapy or prolotherapy injections: immediate pain at injection site and lasting 3 or more days, bleeding, bruising, and/or infection at the injection site, fainting or dizziness, delayed tendinitis or muscle spasm, nausea, diarrhea, frozen shoulder, tendon rupture, spinal headache, spinal cord injury with back injections, pneumothorax with chest injections, allergic reactions to prolotherapy or mesotherapy substances, or death from complications of treatment. I understand there is also a risk of transient or permanent nerve injury at the site of injection. A simple injection mixture, which may comprise of dextrose and procaine solution has little, if any, associated risk of long-term nerve injury, but certain substances used in Prolotherapy do have this risk. I understand my practitioner will advise me if any of the substances having increased risk of nerve injury are being considered.

I hereby release Essence Wellness Clinic and all practitioners/therapists treating me from all liabilities.

I am also aware of the clinic's late cancellation policy of a charge of **50% of the visit cost if I fail to give less than 24 hours notice for cancellations. I will be responsible to pay that charge before I can re-book.**

Signature _____ Date _____ (DD/MM/YY)
