

# CONFIDENTIAL HEALTH INFORMATION

Capitol Chiropractic and Family Wellness Center • Don Lathrop, D.C.

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

Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

Cell # \_\_\_\_\_ Home # \_\_\_\_\_

Email \_\_\_\_\_

May we send you text reminders for appointments? Yes ☐ No ☐

May we leave a voicemail? Yes ☐ No ☐

May we send you educational health care information via email? Yes ☐ No ☐

Referred to this office by \_\_\_\_\_

## Your Symptom Survey Form

Your Name:

To the Best of Your Ability, Please Grade Each Category or Symptom on a Scale from 1 - 10, Where 10 Is Best

	CONDITION/CATEGORY	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:
1	Anxiousness							
2	Blood Pressure Issues							
3	Circulation/Swelling							
4	Constipation/Diarrhea							
5	Diabetes							
6	Dizziness							
7	Generally Cold or Hot							
8	Headaches							
9	Insomnia							
10	Kidney Health							
11	Require Drugs or Alcohol to Get Through the Day							
12	Ringing In The Ear							
13	Overall Alertness							
14	Overall Emotional Issues							
15	Overall Energy Level							
16	Overall Fitness							
17	Overall Gut/Digestive System							
18	Overall Happiness							
19	Overall Health							
20	Overall Heart/Circulation Issues							
21	Overall Immune System							
22	Overall Libido							
23	Overall Moodiness							
24	Overall Pain							
25	Overall Skin Condition							
26	Overall Sleep Issues							
27	Overall Stamina							
28	Overall Strength							
29	Overall Weight Issues							
30	Overall Female/Male Issues							
TOTAL SCORE: (out of 300)								

DO NOT WRITE BELOW THIS LINE

Biological Age							
Visceral Fat %							
Overall Fat %							
Blood Pressure							
COMMENTS:							

## INFORMED CONSENT AND RELATIVE LIABILITY FORM

Consultation is required with Dr. Lathrop, D.C. to determine if you are a candidate for Red Light Therapy (RLT) and Whole-Body Vibration (WBV). RLT treatment is the application of red and near infrared wavelengths; WBV is a vibrating platform using specific frequencies and amplitudes. You will have the opportunity to ask questions or voice concerns you may have regarding these treatments. If it is determined, you are a candidate, you will be shown how to use the equipment. Optimizing your health goals will be discussed to create a plan for general wellness or weight loss.

1. 6 sessions is recommended to see or feel results. Typically, 3 sessions per week for 2 weeks. Future sessions to be determined for individual goals.
2. It is important to keep your appointments as this therapy is cumulative, and consistency is important.
3. Initially RLT is recommended every other day; this allows your body to process the effects. You may experience “detox” symptoms such as nausea, cold/flu, headache, sweating, muscle aches, fatigue, and low energy. This is normal when your body is getting rid of toxins.
4. It is very important to drink plenty of water, especially 45 minutes before each treatment and continue afterwards. This helps in flushing toxins out of your system.
5. Do not eat for 1 hour before or 1 hour after treatment.
6. Use the WBV unit for 10 minutes following each RLT treatment to stimulate lymphatic and blood circulation. WBV helps to increase strength, muscle tone and potential benefits for osteoporosis and osteopenia. It may also help increase balance and coordination while decreasing muscle soreness.
7. To maximize results, it is best to lessen or eliminate alcohol, soda and sugar during the treatment process. Alcohol negatively affects the liver which will work against the treatment, lessening the results.
8. Once you have achieved your goal it is important to do regular maintenance.

### Risks/Discomfort

RLT treatment is non-invasive, there should be no discomfort. You may feel the warmth of the light. This therapy is suitable for anyone over 18 who does not have the following: Pregnancy, Recent Cancer or Severe Heart Disease. RLT may cause hypo/hyper pigmentation of the skin.

WBV contraindications: pregnancy, pacemakers, severe heart disease, joint replacements, recent surgery, blood clots, diabetes with complications such as neuropathy or retinal damage, epilepsy or migraines, herniated discs, spondylolisthesis, cancer or tumors. If you have any specific concerns, discuss with your primary doctor prior to your treatment.



## CANCELLATION POLICY

We require a 24-hour cancellation notice. If no notice is given you may incur a \$35.00 no-show fee. Showing up on time is necessary for scheduling purposes.

## Purchase and Reservation Policy

Appointments will only be confirmed and allowed up to the amount of pre-paid sessions. All sales are final and non-refundable. We reserve the right to terminate any client's session or package without refunding any monies if the client has broken any terms of policies or any neglect to the equipment. Promotional packages are to be purchased during the designated time of the promotion.

## CONSENT TO TREAT

I state that I am of lawful age and legally competent to sign this release. I understand the procedures, alternatives and risks and I have been given the opportunity to ask questions. I understand it is my responsibility to inform the staff if there are any changes to my medical history. I understand the terms herein in contractual and not a mere recital. I have signed this document of my own free act.

I HAVE CAREFULLY READ, UNDERSTOOD AND ACKNOWLEDGE ALL OF THE ABOVE STATEMENTS, LIABILITIES AND I CONSENT TO THE TREATMENT OF RED LIGHT THERAPY AND WHOLE BODY VIBRATION.

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CLIENTS NAME

CLIENTS SIGNATURE

DATE