



Drug - Free Pain Management

## Treatment Contraindications for LED Light Therapy

- Women who are pregnant should consult their physician before beginning LED light therapy treatments.
- Clients with Epilepsy should consult their physician before beginning LED light therapy treatments.
- Must wait five days after Botox or cosmetic fillers.

Cautions with medications because of light sensitivity:

- The following medicines are known to cause temporary photosensitivity:
- Chlorpromazine (Anti-psychotic), also known as Thorazine, Chlorpromazine HCL, Sonazine. Client can be treated if the medication has not been taken within the last 8 days.
- Griseofulvin (Anti-Fungal), also known as Grifulvin V, Fulvicin P/G, Gris-Peg. Client can be treated if the medication has not been taken within the last five days.
- Isotretinoin (Anti-Acne), also known as Accutane. The client can be treated if the medication has not been taken within the last six months.
- Tetracycline's (antibiotic) also known as Helidac, Terra-Cortril, Terramycin, Sumycin, Tetracycline HCL, Bristacycline, Achromycin V, Actisite, Tetrex, Doxycycline, Ciprofloxacin. Client can be treated if the medication has not been taken within the last five days.
- Methotrexate (Anti-Arthritis & Anti-Cancer), also known as Methotrexate Sodium, PF & LPF, Mexate-AQ, Folex, Trexall. Client can be treated if the medicine has not been taken within the last three days.
- Amiodarone (Anti-Arrhythmic), also known as Amiodarone Codarone x, Pacerone. Treatment can be administered at the physician's discretion.

[www.thetouch.abmp.com](http://www.thetouch.abmp.com) MM35477/CE10005963



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## LED Light Treatment Consent Form

I, \_\_\_\_\_ consent to authorize The Touch 4 Health & Wellness to perform the LED Light procedure on me.

1. The nature and purpose of the treatment has been explained to me, and any questions I have regarding this treatment have been explained to my satisfaction. \_\_\_\_ (initial)
2. I understand that with any treatment, certain risks are involved and that any complications or side effects from unknown causes could occur. I freely assume these risks. \_\_\_\_ (initial)
3. I understand that the LED light procedure should not be administered to people with the following conditions and I do not have any of these conditions. \_\_\_\_ (initial)
  - Persons diagnosed with basil cell carcinoma
  - Pregnancy
  - Epilepsy
  - Thyroid Condition
  - Taking medications that cause sensitivity to light (example: tetracycline)
  - Broken or inflamed areas of skin
4. I am over 18 years of age. \_\_\_\_ (initial)
5. I will call to inform my practitioner of any complications or concerns I may have as soon as they may occur. \_\_\_\_ (initial)

Client Signature \_\_\_\_\_ Date: \_\_\_\_\_

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