

Disclosure and Informed Consent Form for Red Light Therapy

Client Information:

Client Name: _____

Date of Birth: _____

Phone Number: _____

Email: _____

Emergency Contact Information:

Emergency Contact Name: _____

Relationship to Client: _____

Phone Number: _____

Introduction:

Red Light Therapy (RLT) is a non-invasive treatment that uses specific wavelengths of red and near-infrared light to promote cellular function, reduce inflammation, and support overall well-being. It is not intended to diagnose, treat, cure, or prevent any disease.

Pre-Session Instructions:

- Remove makeup, lotions, and sunscreen.
- Stay hydrated before and after your session.
- Wear protective eyewear during the session.
- Avoid photosensitizing agents (e.g., retinol, acids).
- Consult a healthcare provider if necessary.
- Wear comfortable clothing.
- Limit caffeine beforehand.

Potential Benefits of Red Light Therapy:

- Supports skin health.

- Promotes muscle recovery and reduces inflammation.
- Supports pain relief for joints and muscles.
- Enhances cellular energy production.
- Aids in relaxation and overall well-being.

Potential Risks and Considerations:

- Temporary skin redness or irritation.
- Eye sensitivity if exposed without eyewear.
- Temporary discomfort in pre-existing injuries.
- Unknown effects for certain conditions (pregnancy, cancer, photosensitive medications).

You should NOT use Red Light Therapy if you:

- Are pregnant or nursing (without consulting a healthcare provider).
- Have an active cancer diagnosis (without medical approval).
- Take photosensitizing medications.
- Have a history of seizures triggered by light exposure.

Client Responsibilities:

- I understand that RLT is not a medical treatment.
- I confirm I have no contraindications or have consulted my provider.
- I agree to follow all safety guidelines.
- I acknowledge that results vary and are not guaranteed.
- I release [Your Business Name] from liability related to my RLT use.

Cancellation Policy:

- Cancellations must be made at least 24 hours in advance.
- Late cancellations or missed appointments may be subject to a fee.
- Emergency cancellations will be handled on a case-by-case basis.

Acknowledgment and Consent:

I have read and fully understand the information provided. I acknowledge that I am choosing to proceed with Red Light Therapy voluntarily. I understand that I can stop sessions at any time if I experience discomfort or adverse effects.

Client Signature: _____ Date: _____

Practitioner/Witness Signature: _____ Date: _____