Kinetic Performance Center — Sports Therapy & Chiropractic

Shockwave Therapy Intake Form

408-1011 Glenmore Trail SW
Calgary, Alberta T2V 4R6
Phone: (587)955-9910
Fax: (587)955-9911

1 Client Information

☐ Male ☐ Female ☐ Intersex ☐ MtF Female ☐ FtM Male

Last Name | First Name | Middle Initial

D.O.B. (MM/DD/YYYY) | Age | Alberta Health Care Number

Address

City | Province | Postal Code

Home Phone Number | Business Phone Number | Cellphone Number

Email Address

I would like to recieve automatic email appointment reminders ☐ 1 day prior ☐ 2 days prior ☐ No reminder

Family Doctor (Required)

Business Employer | Type of Work

Emergency Contact Name | Phone Number

Are you currently receiving other facial therapies (i.e. Botox, Juvederm, etc.) ☐ Yes ☐ No

If so, which therapies? ____________________

____

____

____

What was the date of your last treatment? ____________________

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2 Client Consent

I hereby consent to and authorize Kinetic Performance Center to perform the following procedure:

Facial Shockwave Therapy

I have voluntarily elected to undergo this treatment/procedure after the nature and purpose of this treatment has been explained to me, along with the risk, limitations and hazards involved.

Although it is important to list every potential risk and complication, I have been informed of possible benefits, risk, and complications. I also recognize there are no guaranteed results and that independent results are dependent upon age, skin condition, and lifestyle and that there is the possibility I may require further treatments of the treated areas to obtain the expected results at an additional cost.

If I may have additional questions or concerns regarding my treatment, I will contact the doctor immediately.
I have also, to the best of my knowledge, disclosed an accurate account of my medical history, including all known allergies or prescription drugs or products I am currently ingesting or using topically and their side effects, if any.

I have read and fully understand this agreement and all the information detailed above. I understand the procedure and accept the risk (although very minimal). All my questions have been answered to my satisfaction and I consent to the terms of this agreement. I do not hold the Doctor, whose signature appears below, or the clinic and its staff (Kinetic Performance Center) responsible for any of my conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed.

Dr. Yick or authorized staff of Kinetic Performance Center disclaims liability for any loss, injury, claim or damage related to your use of its products and services, including without limitation, those resulting from errors or omissions, a site or application being down, data loss, and unsatisfactory aesthetic outcomes. Kinetic Performance Center will not be liable to you for any indirect, incidental, consequential, reliance or special damages, including without limitation damages arising from any court action or legal dispute. In no event shall the aggregate liability of Kinetic Performance Center, whether in contract, warranty, tort (including negligence, whether active, passive or imputed), product liability, strict liability or other theory, arising out of or relating to the use of Kinetic Performance Center's products or services, exceed any compensation paid by you for treatment by Kinetic Performance Center. I release my providers from any injury or complication resulting from undiagnosed medical conditions present during my treatment. I assume all responsibility for updating changes in physical and mental condition.

Indemnification

You will indemnify and hold harmless Dr. Yick or authorized staff of Kinetic Performance Center and its officers, agents, employees, representatives, and assigns from any costs, damages, expenses, and liability caused by your use of any of Kinetic Performance Center's products and services.

Signature	Name (Please Print)	Date
Doctor's Signature	Doctor's Name (Please Print)	Date