



COUNTRY HILLS
CHIROPRACTIC CENTER FOR HEALTH
-NORTH-CENTRAL-

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Doctor of Naturopathic Medicine

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Calgary, AB T3K4Y7

Prolotherapy Intake Form

Date: _____

Name: _____ Sex: M F Date of Birth: _____

Address: _____

Telephone number (home): _____ (work): _____

Email address: _____

May we leave messages regarding your visits? _____

Emergency contact name: _____ Relation: _____

Emergency contact number (work and home): _____

How did you hear about prolotherapy at our office?

Chief Concern(s):

1. _____
2. _____
3. _____
4. _____

Name of Medical Doctor: _____ Phone: _____

Please list all current and past prescription medications, including dose:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

Please list all current and past non- prescription medications, such as herbs, supplements, vitamins, and homeopathics, including dose:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

Please list serious conditions, illnesses, injuries, surgeries, hospitalizations, and dates:

Please list any allergies: _____

Is there any chance you are currently pregnant or are you trying to conceive? Y N

How would you rate your level of stress out of 10, 10 being the highest? _____

Informed Consent: Prolotherapy

I have been advised and consulted about the injection technique of prolotherapy.

I have been advised that prolotherapy is an established technique for tightening and strengthening weak and damaged ligaments. It is also used to decrease pain and improve function in some forms of arthritis. The technique requires the injection of local anesthetic (Procaine), concentrated dextrose (sugar), and if needed additional ingredients, such as Vitamin B12.

I have been informed that the procedure has been used on thousands of patients and has been proven generally safe. The procedure may decrease and alter my pain complaints, but may not completely eradicate them.

I have been informed of that the alternatives to prolotherapy are:

1. Do Nothing
2. Surgical Intervention may be a possibility
3. Continued Manipulation and/or Acupuncture may be helpful

I have been informed that the risks and complications of prolotherapy are:

1. Immediate pain at the injection site
2. Allergic reaction to the solution
3. Infection at the site of injection
4. Injury to the nerve and/or muscle
5. Spinal cord injury during back injections
6. Temporary or permanent nerve paralysis
7. There may be no effect from the treatment
8. Death from complications of the treatment
9. Nausea/vomiting, or dizziness or fainting
10. Swelling and/or pain/stiffness after joint injections

I have been informed that the risks of no prolotherapy are:

1. No relief of the pain
2. Continued degeneration of the joints adjacent to ligament laxity

Date _____

Patient Signature _____

Witness _____



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Patient Aftercare Instructions Following Prolotherapy Treatment

IT IS IMPORTANT THAT YOU READ ALL OF THE FOLLOWING INFORMATION

How will I feel after a prolotherapy treatment?

You can expect to have increased discomfort for 3-5 days after the prolotherapy injections because the solution is causing a healing inflammatory response.

This may cause you to feel like you had the sprain/strain/arthritis flare-up all over again for a few days and this is a good sign that you are getting a proper response to the injection.

Do not be concerned if you do not have any discomfort from the injections or any pain or if the pain you are being treated for goes away permanently after the injections. You can expect some bruising, local swelling and/or tenderness at the injection site.

What should I do if I have pain?

Extra Strength Tylenol may be used for mild to moderate pain. Do NOT use Tylenol if you are drinking any alcohol.

DO NOT TAKE Aspirin 325mg, Advil, Vioxx, Naproxen, Ibuprofen, Motrin or other arthritis type pain medications or anti-inflammatory drugs. Please stop them if you are on them now. These medications stop inflammation so they stop any healing or repair that prolotherapy is intended to produce. If you have been instructed to take one Aspirin a day for your heart, continue to take it.

When can I go back to work or playing sports?

Some patients prefer to go home and rest after treatment but others carry on with their work or exercise immediately after treatment. Strenuous work or exercise may need to be modified for two or three weeks after injections to give the repaired tissue a chance to mature and heal. The growth pattern of tendons and ligaments should be complete in six weeks after each set of injections.

How frequently can I get prolotherapy treatments?

This is different for each individual. Some people may feel their pain resolved after just one treatment. Many require multiple injections every two to six weeks depending on the condition being treated and the patient's response to the treatment.

If you have any questions or concerns, please contact the office at 403-226-4433