



Dr. Becky Grimm, D.C. S.C.  
521 So. 24<sup>th</sup> Street  
217-222-4363

**Verju Patient Intake Form**

**PATIENT INFORMATION:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Male \_\_\_\_\_ Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ May we email you? \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

What is your referred method of contact for appointment reminders and messages?

(circle one) Email Home Work Cell

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Physican Address: \_\_\_\_\_

Referred by (How did you hear about us?) \_\_\_\_\_

Today's aesthetic interests and concerns (Please circle all that apply):

Body Contouring Fat Reduction Cellulite Wrinkles/Fine Lines Skin Tightening

**MEDICAL HISTORY:**

Allergies: \_\_\_\_\_

Surgeries: \_\_\_\_\_



## Low Level Laser Therapy Consent Form

You have requested to be treated with the laser therapy manufactured by Erchonia Medical. It is a new non-invasive body slimming and appearance of cellulite procedure designed to remove fat, slim the body without surgery, pain, or needles. The procedure works in two ways using a patented and clinically proven low level laser technology. The procedure emulsifies fat within the adipose tissue which is then released into the interstitial space. The excess fat is then passed through out the body during its normal course of detoxification. In addition, the procedure softens the connective tissue. These are the two main causes of cellulite.

This treatment is the application of a 532mm low intensity laser, which has been shown through extensive research to cause the fat within the adipocyte (fat cell) to leave the cell and accumulate in the interstitial space around the cells. In contrast to high-power, high heat lasers that are used in various medical procedures, the low level laser used for this treatment has no thermal effect on tissue. Instead, the non-invasive laser helps the body absorb fat by stimulating its biological function. Excess fat is then removed naturally by the body's lymphatic system and subsequently excreted without the negative side effects and down time associated with more invasive procedures such as liposuction. This therapy has been tested in several institutional review board approved studies in a double blind, randomized, multi-site, placebo-controlled fashion and found to be generally effective. Any medical or cosmetic procedure carries risk, complications and varied results as to the effectiveness of a particular treatment. The purpose of this document is to make you aware of the nature of this product and its risks in advance so that you can decide whether to go forward with this procedure.

### **Procedure**

Initially, you will consult with the doctor to determine if you are a candidate for low level laser therapy. During this time period, you will have the opportunity to ask questions or voice concerns you may have concerning this treatment. If it is determined you are a candidate for this procedure, there will be a few preliminary steps consisting of paperwork, measurements, and photos. For your convenience, you will be given the option of choosing the frequency of your visits:

- Twice a week for five weeks consecutively
  - Three times a week for three weeks consecutively
- The doctor will recommend the appropriate length of laser treatment:

- 15 minutes
- 30 minutes
- 40 minutes

Jewelry should be removed if it is located in the treatment area to avoid any reflection for the laser light.

You are required to bring your own non-constrictive undergarments; these will not be provided to you. For the sake of consistency, please wear these same undergarments for each photo session (Upon deciding to sign up for treatment at your consult, and your follow up visit.) Prior to treatment, the patient must arrive for the treatment with clean, dry skin.

The treatment will be administered by aiming the VERJU'S six 532mm low level laser heads on the desired area(s) to be treated. For the first half of the treatment, the patient will be treated on the front of the desired area to be treated. The patient will then be turned over and the back of the desired area will be treated for the remaining period. It is recommended that the patient will need a minimum of nine treatments for the low level laser to achieve its potential effect.

This treatment should be used in conjunction with Dr. Grimm's food protocol, moderate exercise (30-45 minute walking), and specified daily water intake, prescribed vitamins / supplements, and a protein powder. It is also highly suggested that the patient wear a compression garment daily that covers the treated areas to maximize the effect of laser treatment. Alcohol consumption, coffee, and the use of diuretics must be ELIMINATED.

### **Risks/Discomfort**

There are few risks associated with low level laser therapy. This treatment is non-invasive and uses a cold output laser. During treatment no discomfort will be present, the patient will not feel the laser. However, the light will be visible. The only known or anticipated risk with the use of the laser device is that long-term exposure to the laser light could cause damage to your eyesight. You will be provided with protective eye wear and to avoid this risk, you must wear them, throughout the course of your treatment.

### **Contraindications**

- **Pregnancy** – Please inform us if you think you are pregnant, or are unsure if you may be pregnant, as a pregnancy test may be required to proceed with treatment. Although no known detrimental risks exist, potential unknown risks may exist. The Practitioner may ask for a pregnancy test be done prior to initiation of treatment.

I. Patient Initials \_\_\_\_\_

- **Pacemaker** – If you have a pacemaker and / or AICD (Automatic Implantable Cardio – Defibrillator), this

treatment may not be right for you. It is recommended that one does not treat directly over a pacemaker or its lead wires. No known risks exist, however potential unknown risks may exist. There are also a variety of other conditions for this treatment.

- Active Cancerous Tissue (active cancer cells)
- Active Injections or compromised immune system (chronic, progressive, immuno-logical condition that requires medical intervention) – i.e. HIV / AIDS
- Photo-sensitizing drugs (currently prescribed a photo-sensitizing agent – i.e. Accutane and antibiotics)
- Prescribed anti-coagulants (i.e. Coumadin, Plavix, Warfarin, Xarelto)
- Open wound at site of treatment.

### **Cautionary Conditions**

There are specific conditions or medications that may affect the metabolic rate or enervate the fat mobilization or metabolism pathway. Accordingly, a decision to wait for condition stabilization prior to treatment must be evaluated for the following conditions / medications:

- Steroid medication (may cause weight or girth gain)
- Uncontrolled Diabetes ( may experience rapid weight or girth gain)
- Metabolic Disorders such as Hypothyroidism or non-stable Thyroiditis (may experience rapid weight or girth gain)
- Lymphatic Impairment (fat mobilization may be hindered)
- Previous abdominoplasty, C-section, liposuction, other abdominal procedures, and other surgeries that have created scar tissue around the treatment site. The decision to treat a patient rests solely with the VERJU Practitioner (Dr. Grimm).

It is possible that you may not see any improvement in your body shape or it may get worse. There also may be unknown risks associated with low-level laser therapy.

### **Benefits**

Over the years benefits of low-level laser therapy have become more recognized. Low-level laser therapy has been used by Chiropractors for pain management and recently by cosmetic surgeons to emulsify adipose before liposuction with FDA approval. The potential benefit of this treatment is body contouring without surgery. Problem areas or excess pockets of fat can be targeted, however the most commonly treated areas are the stomach, hips, flanks, and thighs. In clinical trials patients have averaged 4 inches lost from there stomach, hips, and thighs. These results do vary and no guarantee is implied or suggested that desired results will be achieved.

### **Alternatives**

This is strictly a voluntary cosmetic procedure. No treatment is necessary or required. Alternative treatments, which vary in sensitivity, effect, duration, and invasiveness include: Liposuction, Mesotherapy, Lipodissolve, VelasMOOTH, dieting, exercise and potential others; which may have their own risks and benefits. You acknowledge this, and realize that the other option to you is do nothing.

### **Questions**

By signing below, you certify that this procedure has been explained to you and to your satisfaction. Any further questions can be directed to Dr. Grimm.

### **Informed Consent**

I have reviewed this consent form. My consent and authorization for this procedure are strictly voluntary. By signing the informed consent form, I grant authority for Dr. Grimm and her staff to perform the described treatment or administer any related treatment as deemed necessary or advisable for my medical condition.

The purpose of this procedure, risks, complications, alternative methods of treatment have been fully explained to my satisfaction. No guarantee has been given by anyone as to the results that may be obtained by this treatment.

I have read this informed consent, and certify that I understand its contents in full. I have had enough time to consider the information and feel I am sufficiently advised to consent to this procedure. I hereby give my consent to have this procedure.

2. Patient Initials \_\_\_\_\_

### **Physician Attestation**

I have explained the procedure, alternatives, and risks to the person or persons whose signature is affixed below. The

patient has verbally communicated to me that they understand the contents of this form.

X \_\_\_\_\_  
Signature of the Physician

\_\_\_\_\_  
Date

I also understand that my photograph will be obtained before and after treatment is provided. My photograph will remain in a confidential file for view by staff, and myself as required to provide adequate treatment recommendations and modification. The photographs may be published in Scientific Journals, and Promotional Materials, clearly not revealing my identity.

**\*TO FINALIZE YOUR CONTRACT YOU MUST BE REASSESSED  
WITHIN 7-10 DAYS FROM YOUR LAST TREATMENT. \***

### **Patient Certification**

By signing below, I state that I am 18 years of age or older, or otherwise have authorized to consent. I have read or have had explained to me the contents of this form. I understand the information on this form and give my consent to what has been explained to me.

X \_\_\_\_\_  
Signature of the Patient

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Signature of the guardian (if applicable)

\_\_\_\_\_  
Date

Gem City Chiropractic / Dr. Becky Grimm D.C.S.C.



## II. Xenobiotic Tolerability Test (XTT)

1. Are you presently using prescription drugs?

Yes (1 pt.)

If yes, how many are you currently taking? \_\_\_\_\_ (1 pt. each)

No (0 pt.)

2. Are you presently taking one or more of the following over-the-counter drugs?

Cimetidine (2 pts.)

Acetaminophen (2 pts.)

Estradiol (2 pts.)

3. If you have used or currently use prescription drugs, which of the following scenarios best represents your response to them:

Experience side effects, drug(s) is (are) efficacious at lowered dose(s) (3 pts.)

Experience side effects, drug(s) is (are) efficacious at usual dose(s) (2 pts.)

Experience no side effects, drug(s) is (are) usually not efficacious (2 pts.)

Experience no side effects, drug(s) is (are) usually efficacious (0 pt.)

4. Do you currently use or within the last 6 months had you regularly used tobacco products?

Yes (2 pts.)     No (0 pt.)

5. Do you have strong negative reactions to caffeine or caffeine containing products?

Yes (1 pt.)     No (0 pt.)     Don't know (0 pt.)

6. Do you commonly experience "brain fog," fatigue, or drowsiness?

7. Do you develop symptoms on exposure to fragrances, exhaust fumes, or strong odors?

Yes (1 pt.)     No (0 pt.)     Don't know (0 pt.)

8. Do you feel ill after you consume even small amounts of alcohol?

Yes (1 pt.)     No (0 pt.)     Don't know (0 pt.)

10. Do you have a personal history of

Environmental and/or chemical sensitivities (5 pts.)

Chronic fatigue syndrome (5 pts.)

Multiple chemical sensitivity (5 pts.)

Fibromyalgia (3 pts.)

Parkinson's type symptoms (3 pts.)

Alcohol or chemical dependence (2 pts.)

Asthma (1 pt.)

11. Do you have a history of significant exposure to harmful chemicals such as herbicides, insecticides, pesticides, or organic solvents?

Yes (1 pt.)     No (0 pt.)

12. Do you have an adverse or allergic reaction when you consume sulfite containing foods such as wine, dried fruit, salad bar vegetables, etc?

Yes (1 pt.)     No (0 pt.)     Don't know (0 pt.)

**GRAND TOTAL:** \_\_\_\_\_

## III. Alkalizing Assessment

1. Do you have a history or currently have kidney dysfunction?

Yes     No

2. Have you ever been diagnosed with a condition known as hyperkalemia?

Yes     No

3. Are you currently on diuretics or blood pressure medication?

Yes     No

Note: Prescribe non-alkalizing nutrients if patient answered yes to any part of this section.

*For Practitioner Use Only:*

## OVERALL SCORE TABULATION

See doctor brochure for protocol suggestions.

MSQ SCORE \_\_\_\_\_ (High >50; moderate 15-49; Low <14)

XTT SCORE \_\_\_\_\_ (High >10; moderate 5-9; Low <4)

URINARY pH \_\_\_\_\_

**Note:** Patients with high MSQ but low XTT may be exhibiting pathology that is not related to toxic load. Other mechanisms should be considered such as inflammation/immune/allergic gastrointestinal dysfunction, oxidative stress, hormonal/neuro-transmitter dysfunction, nutritional depletion, and/or mind body. Individualize support with specific medical foods, diet, and/or nutraceuticals.

## VERJU Measurements Form

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI: \_\_\_\_\_

### Patient Measurement Results:

Area of measurement:	Distance from ground up to marked area	Before 1 <sup>st</sup> VERJU treatment (Base)	After first VERJU package	After 2nd VERJU package	After 3 <sup>rd</sup> VERJU package	After 4 <sup>th</sup> package
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Date: \_\_\_\_\_

Back						
Waist						
Mid-abdomen Belly Button						
Hips						
Right Thigh						
Left Thigh						
Total inches:						

Patient Initials: \_\_\_\_\_

Dr. Initials: \_\_\_\_\_

### Additional Systemic Measurement Results:

Neck						
Right Arm						
Left Arm						

Total systemic inches lost:						
GRAND TOTAL INCHES LOST						

**\*You must come back for final measurements approximately within 7 days after your final treatment.\***

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# VERJU

Congratulations on jump starting your commitment to a healthier you!

## 6 Steps to VERJU Success

- ❖ Maintain your workout regimen. If you do not work out, exercise for 30 - 45 minutes each day throughout your treatments to keep your lymphatic system moving.
- ❖ Drink ½ your body weight in ounces up to 128 ounces as a limit.
- ❖ Starting CURVA. Take 1 caplet each morning and 1 caplet each evening, ½ hour after a meal and with plenty of water. DO NOT take CURVA on an empty stomach.
- ❖ Reducing your fat intake, while increasing your lean proteins and vegetables, following protocol and ELIMINATE alcohol and caffeine during the 6 – 8 week treatment process.
- ❖ Keep your VERJU scheduled treatments.
- ❖ Immediately massage each targeted areas after treatment with the percussion instrument, and use vibration 360, massage targeted area for three minutes twice daily to help your body's lymphatic drainage and fat removal process and cellulite.

You're Appointment Schedule for VERJU treatments:

1. _____	4. _____	7. _____
2. _____	5. _____	8. _____
3. _____	6. _____	9. _____
	10. _____	

It is critical to keep all of your scheduled appointments and the time between treatments should not exceed 72 hours.

Gem City Chiropractic  
521 South 24<sup>th</sup> Street Quincy, IL 62301. (217) 222-4363  
[www.gemcitychiropractic.net](http://www.gemcitychiropractic.net)