

# Laser Therapy Questionnaire

Client Name: \_\_\_\_\_ Client ID: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

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**How many laser therapy sessions has your pet received?**

- 1                       3                       5  
 2                       4                       6 or more

**Have you seen any improvement in your pet's condition since beginning laser therapy treatment?**

No. \_\_\_\_\_

Yes. Please check all that apply:

- More comfortable  
 No longer limping  
 Limping less often  
 Improved gait  
 Improved mobility (able to go up/down stairs or jump, etc.)  
 Improved/ accelerated wound healing  
 Generally seems happier or more like himself/herself  
 Other: \_\_\_\_\_

Please explain any changes seen:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you did see improvement, how long did the effects seem to last between treatments?**

- Less than 24 hours                       3 to 7 days                       Two weeks to one month  
 24-48 hours                       8 to 13 days                       More than one month

**In your opinion, did your pet seem comfortable during and immediately after treatments?**

No. \_\_\_\_\_

Yes. \_\_\_\_\_

**Is your pet receiving any other therapy or treatments for this condition? *May include acupuncture, physical therapy, or homeopathic treatments and pain medications.***

No. \_\_\_\_\_

Yes. \_\_\_\_\_