

Dry Needling Consent & Information Form

Dry Needling uses a thin, flexible, sterile needle to promote muscle relaxation, while increasing the ability of tissue to heal, and often results in pain relief. Dry Needling technique uses the same type of needles used in Acupuncture. However, Dry Needling treatment perspective is based solely on modern physiology, neurology and biomechanics, rather than the ancient Traditional Chinese/Asian Theory of the energy, "Chi". Dry Needling is termed "dry" because at no time will a fluid or medication be injected into your body. It therefore can be considered a natural therapy to help manage pain and injury.

Risks: Dry Needling may cause minor to moderate increases in muscle soreness and ache for up to two days. However, improvements in a patient's overall pain state can be expected to occur within the first 24 hours after treatment. If a needle touches a nerve, vein or artery and produces pain, bruising, numbness and/or tingling, it can be expected to resolve in a few days. Needling around the trunk and neck requires special attention. The most serious risk with dry needling is accidental puncture of a lung (pneumothorax). If this were to occur, it may likely require a chest x-ray and no further treatment. The symptoms are shortness of breath that may last for several days to weeks. A more severe puncture can require hospitalization and re-inflation of the lung. This is a rare complication, and in skilled hands it should not be a major concern.

Patient's Consent: I understand that no guarantee or assurance has been made as to the results of this procedure and that it may not cure my condition. My therapist has also discussed with me the probability of success of this procedure, as well as the probability of serious side effects. Multiple treatment sessions may be required/needed, this consent will cover this treatment as well as consecutive treatments by this practitioner for this condition. I have read and fully understand this consent form and understand that I should not sign this form until all items, including my questions, have been explained or answered to my satisfaction. With my signature, I hereby consent to the performance of this procedure. I also consent to any measures necessary to correct complications which may result.

Please answer the following questions:

1. Have you ever fainted or experienced a seizure? Yes No
2. Do you have a pacemaker or any other electrical implants? Yes No
3. Are you currently taking anticoagulants (ex: Aspirin, blood thinners)? Yes No
4. Are you currently taking antibiotics for an infection? Yes No
5. Do you have a damaged heart valve, metal, or other risk of infection? Yes No
6. Are you pregnant? Yes No
7. Do you suffer from metal allergies? Yes No
8. Are you a diabetic or do you suffer from impaired wound healing? Yes No
9. Do you have Hepatitis B, C, HIV, or any other infectious disease? Yes No

DO NOT SIGN UNLESS YOU HAVE READ AND THOROUGHLY UNDERSTAND THIS FORM. You have the right to withdraw consent for this procedure at any time before it is performed.

Patient or Guardian Signature

Date

Relationship to patient (if other than patient)

Patient Name Printed