



DRY NEEDLING CONSENT FORM

Dry needling (DN) is a skilled technique performed by a physical therapist using a single-use, single-insertion, sterile filiform needle, which is used to penetrate the skin or underlying tissue to effect change in body conditions, pain, movement, impairment and disability. Dry Needling involves placing a small needle into the muscle at the trigger point which is typically the area in which the muscle is tight and may be tender with the intent of causing the muscle to contract then release, improving the flexibility of the muscle therefore decreasing symptoms. Like any treatment there are possible complications. While these complications are rare in occurrence, they are real and must be considered prior to giving your consent for dry needling treatment.

Risks of the procedure:

The most serious risk associated with DN is accidental puncture of a lung (pneumothorax). If this were to occur, it may require a chest x-ray and no further treatment. The symptoms of shortness of breath may last for several days to weeks. A more severe lung puncture, while rare, may require hospitalization.

Other risks may include bruising, infection or nerve injury. It should be noted that bruising is a common occurrence and should not be a concern. The monofilament needles are very small and do not have a cutting edge; the likelihood of any significant tissue trauma from DN is unlikely. There are other conditions that require consideration so please answer the following questions:

- Have you ever fainted or experienced a seizure? **Yes No**
- Do you have Hepatitis B, Hepatitis C, HIV, or any other infectious disease? **Yes No**
- Do you have any known disease or infection that can be transmitted through bodily fluids? **Yes No**
- Do you have any allergies to metals? **Yes No**
- Do you have a pacemaker or other electrical implant? **Yes No**
- Are you currently taking a blood thinner (i.e. Warfarin, Coumadin)? **Yes No**
- Are you currently taking antibiotics for an infection? **Yes No**
- Have you had any form of surgery in the past 3 months? **Yes No**
- Are you diabetic or suffer from impaired wound healing? **Yes No**
- Are you currently pregnant or trying to get pregnant? **Yes No**

*DN is contraindicated while pregnant. I understand that if I am pregnant, suspect that I may be pregnant or become pregnant during the course of treatment, that I am responsible to inform the practitioner. _____ (Initial)

Patient's Consent:

I have read and fully understand this consent form and attest that no guarantees have been made on the success of this procedure related to my condition. I am aware that multiple treatment sessions may be required, thus this consent will cover this treatment as well as subsequent treatments by the physical therapist at Iconic Wellness. All of my questions, related to the procedure and possible risks, were answered to my satisfaction.

My signature below represents my consent to the performance of dry needling and my consent to any measures necessary to correct complications, which may result. I am aware I can withdraw my consent at any time. I, _____ authorize the performance of Dry Needling.

Patient Signature or Authorized Representative

Date