

DRY NEEDLING INFORMED CONSENT FORM



Please read this information carefully, and please feel free to ask your practitioner if there is anything that you do not understand.

WHAT IS DRY NEEDLING?

Dry needling involves skin penetration using a very fine sterile single-use disposable stainless steel acupuncture needle. Dry needling has an effect on the nervous system, the muscles, and is also known to have an effect on the pain modulating centers in the brain.

Is there anything your practitioner needs to know?			
PLEASE CIRCLE EITHER YES OR NO FOR EACH CONDITION			
ARE YOU PREGNANT?	YES NO	DO YOU HAVE A HISTORY OF AUTOIMMUNE DISEASES (LUPUS, ME, RA, ADDISON'S)?	YES NO
DO YOU HAVE A BLEEDING DISORDER?	YES NO	DO YOU HAVE A HISTORY OF TUMORS?	YES NO
DO YOU HAVE ANY BLOOD BORNE INFECTIONS?	YES NO	DO YOU HAVE A HISTORY OF EPILEPSY?	YES NO
ARE YOU TAKING ANTICOAGULANTS (I.E. WARFARIN, ASPIRIN, HEPARIN)?	YES NO	DO YOU HAVE A HISTORY OF PANIC ATTACKS?	YES NO
HAVE YOU GOT HIGH OR LOW BLOOD PRESSURE? IS IT WELL CONTROLLED / STABLE?	YES NO	HAVE YOU EVER HAD ACUPUNCTURE / DRY NEEDLING BEFORE?	YES NO
ARE YOU A DIABETIC? IF SO IS IT STABLE? - INSULIN / DIET CONTROLLED?	YES NO	ARE YOU ALLERGIC TO METALS?	YES NO
HAVE YOU EVER HAD A HISTORY OF RHEUMATIC FEVER? DO YOU REQUIRE PREVENTATIVE ANTIBIOTIC TREATMENT PRIOR TO DENTAL WORK ETC.?	YES NO	DO YOU HAVE A NEEDLE PHOBIA?	YES NO
DO YOU HAVE A PACEMAKER?	YES NO	ARE YOU A BLOOD DONOR?	YES NO
DO YOU HAVE A HEART VALVE REPLACEMENT?	YES NO	DO YOU HAVE A CHRONIC LUNG CONDITION – ASTHMA, COPD, EMPHYSEMA? OR HAVE YOU EVER HAD A SPONTANEOUS PNEUMOTHORAX?	YES NO
DO YOU HAVE ANY JOINT REPLACEMENTS? – WHERE?	YES NO		

Side effects can include post treatment drowsiness or nausea, fainting, local tenderness and bruising, aching or a temporary exacerbation of symptoms. More serious complications occur very rarely but can include convulsions, infections, organ puncture, reflex sympathetic dystrophy, or pneumothorax (punctured lung). Please note: Great care is taken when needling in the region of the shoulder girdle and trunk. However, if you experience any shortness of breath, a dry cough, pain on breathing in, pain in the trunk or chest, please contact your physiotherapist or medical practitioner.

Please read and sign the following statement			
<p>This is NOT a waiver form. It is part of our “duty of care” to you that all physiotherapists inform you of any material (pertinent) risks associated with professional treatment techniques.</p> <p>Following the verbal explanation of my examination results and the therapeutic techniques the therapist thinks suit my present condition, I give my consent to treatment. I have the right to decline treatment that the therapist offers me at any time. I have the right to a second opinion at any time.</p> <p>I give permission to the therapist to exchange information with my doctor and other medical specialists when necessary. I understand that this information will be confidential.</p> <p>I have read this form, understand the information it contains, and give my consent to treatment.</p>			
SIGNATURE		DATE	