

# 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><b>I have read this form, understand the information it contains, and give my consent to treatment.</b></p> |  |      |  |
| SIGNATURE   |  | DATE |  |