

DRY NEEDLING CONSENT AND INFORMATION FORM

Dry needling involves inserting a tiny monofilament needle into a muscle (or muscles) in order to release shortened bands of muscle and decrease trigger point activity. This can help resolve pain, muscle tension and promote healing. This is not traditional Chinese Acupuncture but is instead a medical treatment that relies on a medical diagnosis to be effective. Your athlete trainer was trained and has met requirements for competency in dry needling in accordance with requirements dictated by this facility and by the U.S state of this practitioner's licensure.

Dry needling is a valuable and effective treatment for musculoskeletal pain. Like any treatment, there are risks for possible complications. While complications are rare in occurrence, they are real and must be considered prior to giving consent for treatment.

Risks: 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 of shortness of breath 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. Other risks include injury to a blood vessel causing a bruise, infection, and/or nerve injury. Bruising is a common occurrence and should not be a 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 athletic trainer 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; thus, this consent will cover this treatment as well as consecutive treatments by this practitioner for this diagnosis. 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 circle the appropriate answer to each question and provide necessary information if applicable.

Do you have any known disease or infection that can be transmitted through bodily fluids? **YES / NO**

If yes, what? _____

Have you had surgery within the past 12 weeks? **YES / NO**

If yes, what surgery? _____

Are you or could you be pregnant? If yes, what trimester? _____ **YES / NO**

Do you have pacemaker? **YES / NO**

Are you taking blood thinners? **YES / NO**

Do you have any metal or other implants (i.e. breast, calf, buttocks, etc...)? **YES / NO**

If yes, what? _____

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 Authorized Representative Signature

 Date

 Time

 Relationship to patient (if other than patient)

 (Patient name printed)