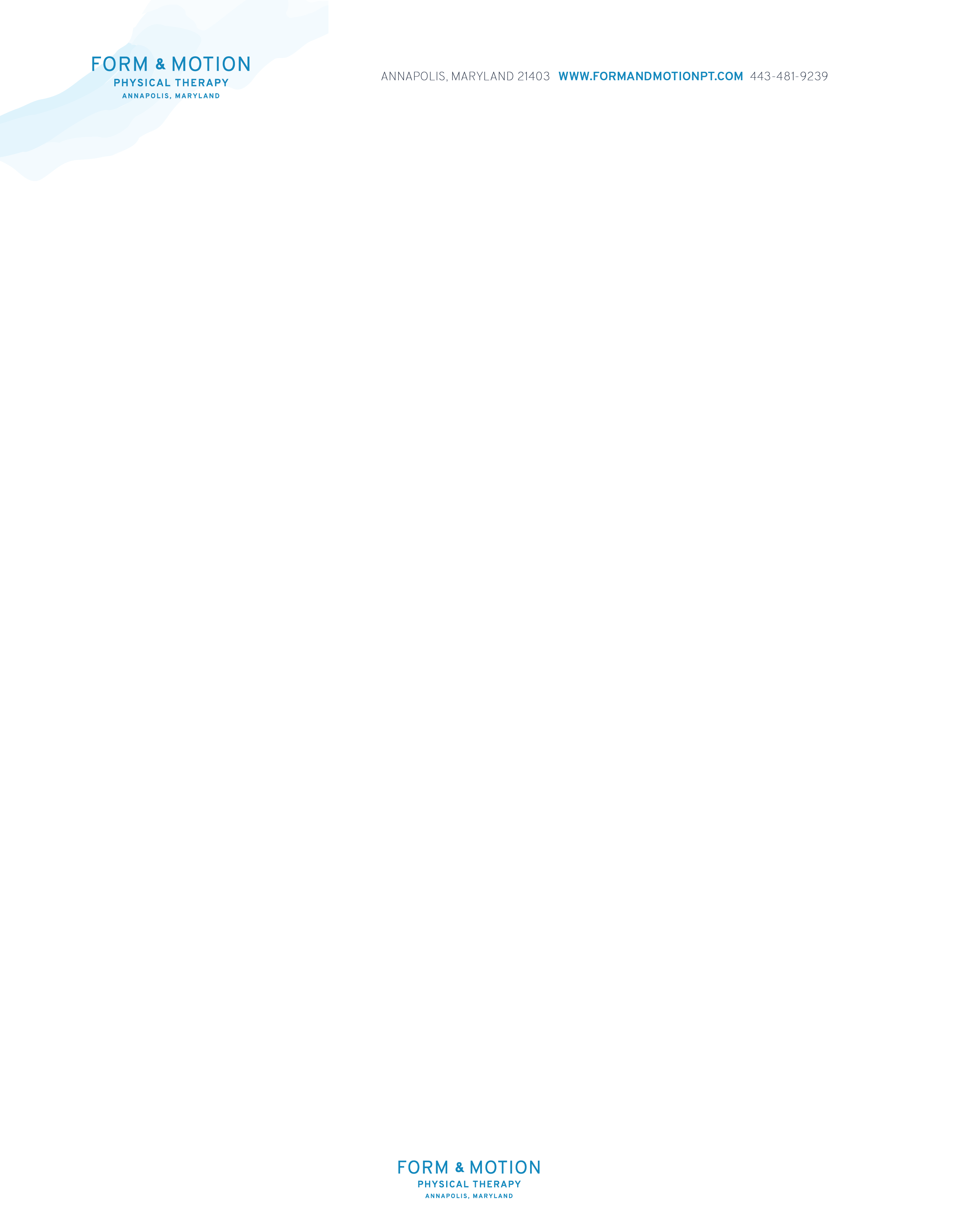
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Dry Needling Consent Form

**Overview:**

Integrated Systemic Dry Needling (ISDN), Intramuscular Manual Therapy (IMT) and Trigger Point Dry Needling (TDN) all refer to the same procedure. The terms are interchangeable and involve placement of a small needle into the muscle at the *trigger point*, directly surrounding areas or other larger areas of the body. The procedure may or may not be combined with electrical stimulation depending on the severity of your pain/discomfort. This procedure results in an anti-inflammatory immune reaction which reduces muscle tension and facilitates self-healing. When the needle is inserted into the soft tissues, you will experience a pin-prick sensation, which may be followed by aching, and neural sensations radiating from the area.

Dry Needling can be highly effective to reduce and relieve muscle, joint and soft tissue pain and has been reported to enhance muscle performance. Recognized risks and complications are rare but possible. By signing this Consent Form, you agree that you understand the risks/complications and are willing to proceed with the procedure.

**Risks and/or Complications:**

The most serious complication of Dry Needling is an accidental puncture of a lung (pneumothorax). If this were to occur, a chest x-ray is required to determine next steps. Symptoms include chest pain and shortness of breath for several days to several weeks. Most commonly, this complication will resolve on its own within a few weeks. Rarely, Dry Needling can result in a severe lung puncture requiring hospitalization and re-inflation of the punctured lung. If you experience any shortness of breath or prolonged pain following Dry Needling, contact Form and Motion Physical Therapy and seek medical attention immediately.

Less serious complications may include fatigue, redness, bruising, infection at the puncture site or nerve injury. Some clients have reported dizziness, nausea or sweating while others feel relaxed, energized or pain-free following the insertion of the needle. Significant tissue trauma is unlikely but possible. If you are taking blood thinners or anticoagulants or have a blood borne illness, you are not a candidate for Dry Needling.

Please consult with your physician before proceeding if you have any concerns about the above risks or complications.

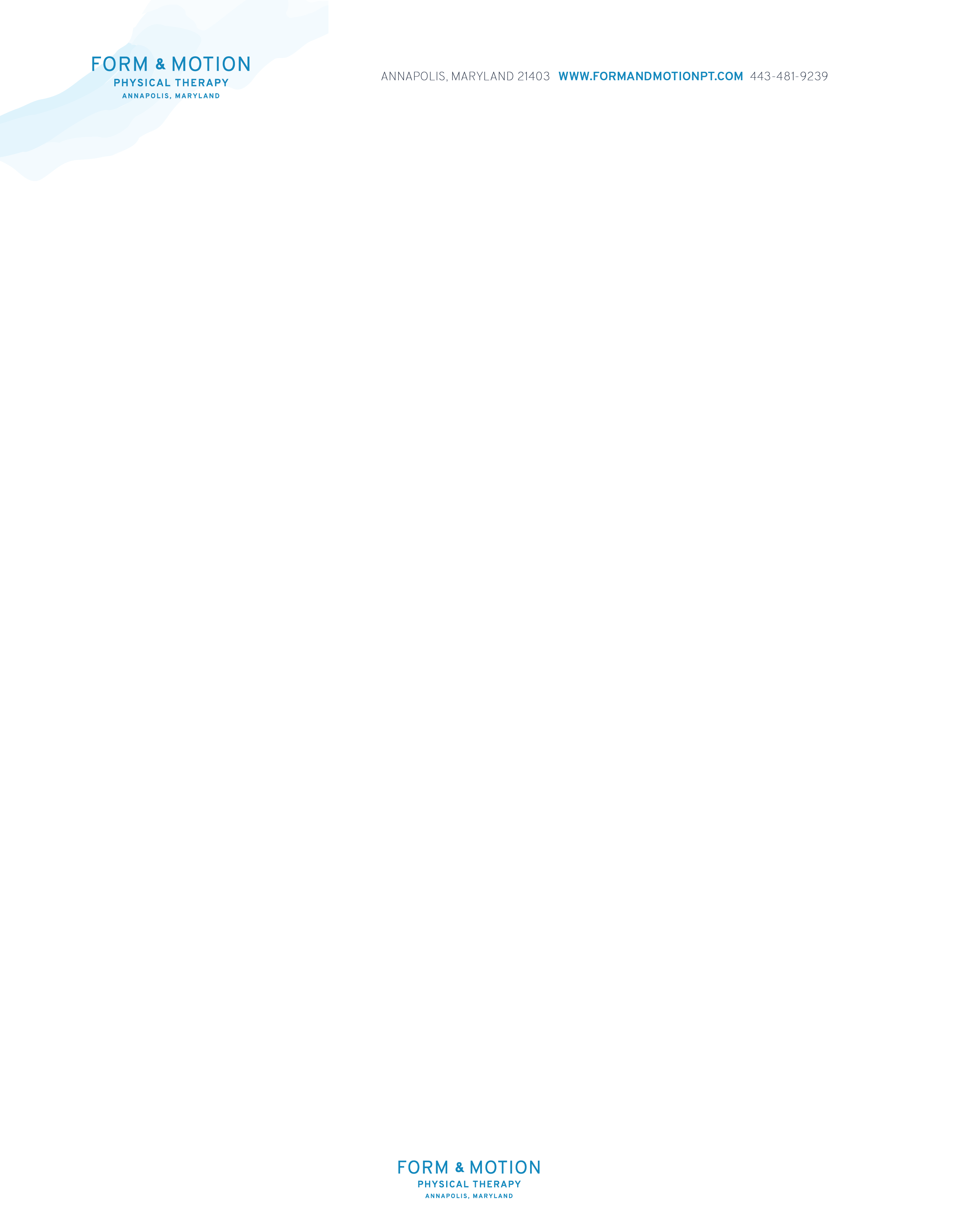
**Client History:**

1. Do you have any known disease or infection that can be transmitted through bodily fluids including but not limited to blood?

YES

NO

MAYBE

* 1. If you answered "YES" or "MAYBE" above, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you pregnant or is it possible that you may be pregnant?

YES

NO

1. Are you currently taking blood thinners or anti-coagulants?

YES

NO

1. Is there any other reason why you believe that you may not be a good candidate for Dry Needling such as recurrent fainting episodes, frequent nausea, fear of needles, low blood pressure, or serious illness?

YES. Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NO

1. Have you previously experienced a lung puncture (pneumothorax) and if so, when and how was it diagnosed and treated?

YES. Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NO

1. Have you ever had Dry Needling before and if so, was it effective in relieving discomfort/pain?

YES. Did you experience any side effect(s) following the procedure? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

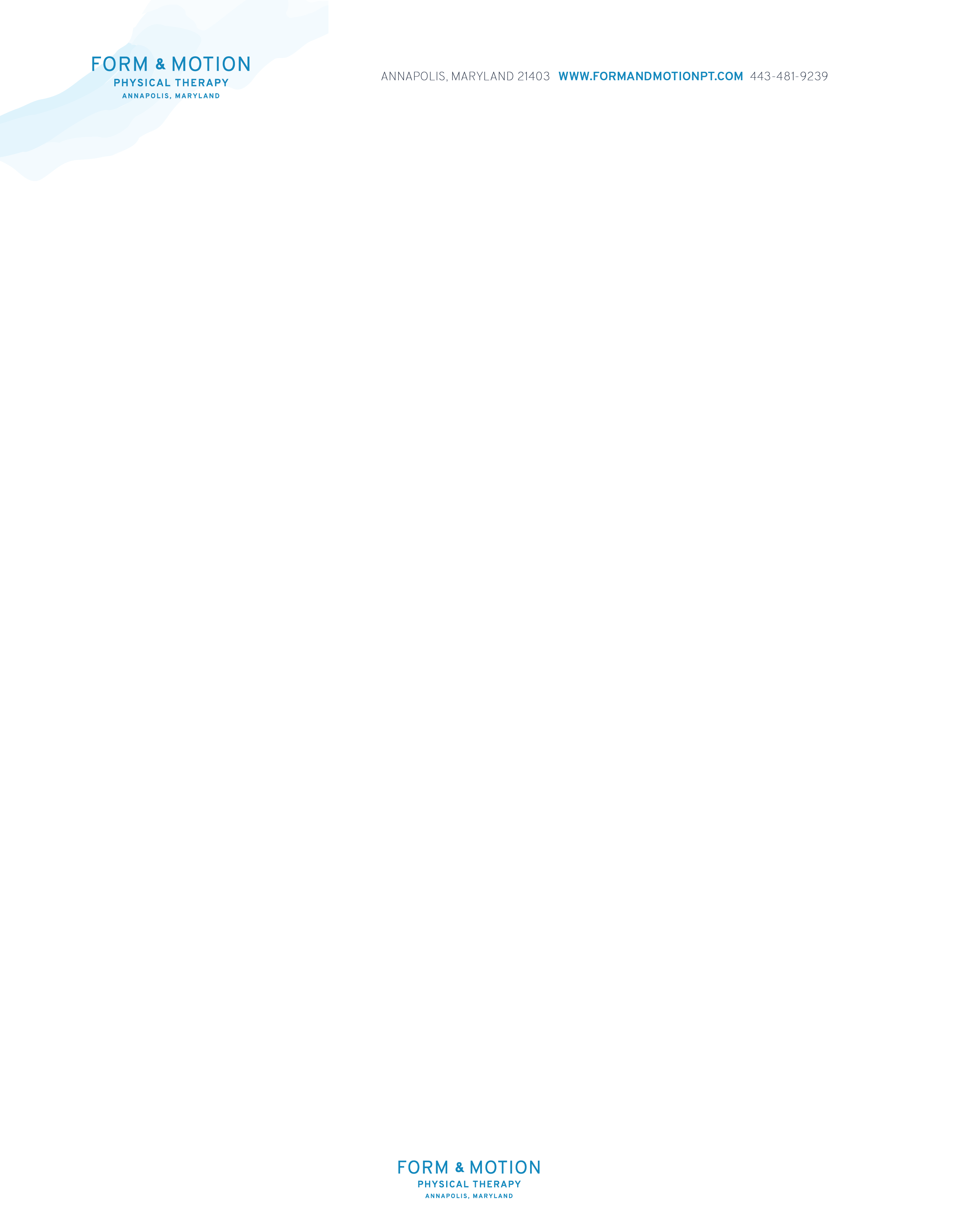
NO

1. What is the primary reason that you are seeking Dry Needling? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Informed Consent:**

After considering the risks, benefits and potential complications, I have elected to proceed with Dry Needling with Ingrid Ratz, DPT, PCES and Form and Motion Physical Therapy. To the best of my knowledge, I have informed Form and Motion Physical Therapy, LLC and Ingrid Ratz, DPT, PCES of any physical limitations, health risks, medications or disabilities that may impact my ability to benefit from Dry Needling. I have had the opportunity to consult with my physician before proceeding and have been cleared to seek Dry Needling treatment. In the event I experience any discomfort during the procedure I will immediately inform Form and Motion Physical Therapy, LLC and Ingrid Ratz, DPT, PCES to prevent

further discomfort or injury. If I proceed with the procedure, I do so with full knowledge that injury or complication is possible.

**Cancellation Policy:** I agree to provide a minimum of 24-hour’s notice to cancel or change an appointment for Dry Needling. It has been explained to me that if illness or unforeseen circumstances prevent me from attending my scheduled session, one (1) exception will be made to the 24 hour cancellation policy. If I cancel a second time with less than 24 hours’ notice, I understand that I may be charged a cancellation fee of $25 due to limited appointment availability and reservation of a designated time slot for my physical therapy session.

**Financial Policy**: I understand that Dry Needling is not covered by insurance or any 3rd party payer. I acknowledge and understand that I am financially responsible for paying in advance for each session at a rate of $50.00 per 15-minute session.

I certify that the above information is correct to the best of my knowledge. I have disclosed all medical conditions that I am aware of and will inform my Physical Therapist of any changes in my health status. I understand that these services do not guarantee any outcome or result.

**Client Signature**

Electronic Signature (Please type your name below)

|  |
| --- |
| (\*) |
| Date: |