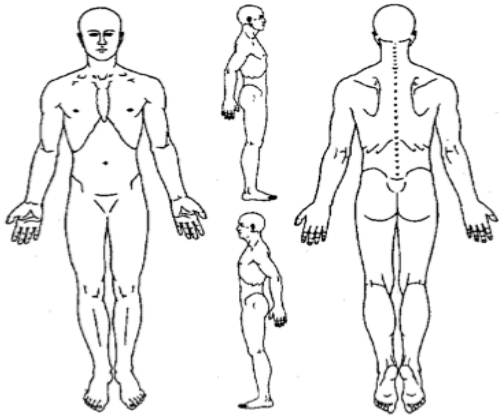


Please use the diagram below to indicate the location of symptoms. Be precise when identifying the location of your pain.



Rate your current level of pain/symptoms. Circle one.

0 1 2 3 4 5 6 7 8 9 10  
 (No pain) (Worst pain imaginable)

**Dry Needling Consent Form**

Trigger point Dry Needling (TDN) involves placing a small needle into the muscle at the trigger point in order to cause the muscle to contract and then release, improving the flexibility of the muscle and therefore decreasing the symptoms.

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

Risks of the procedure: Though unlikely there are risks associated with this treatment. The most serious risk associated with TDN is accidental puncture of a lung (pneumothorax). If this were to occur, it may likely only 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 can require hospitalization and re-inflation of the lung. This is a rare complication and in skilled hands should not be a concern.

Other risks may include bruising, infection and nerve irritation. Please notify your provider if you have any conditions that can be transferred by blood. Bruising is a common occurrence and should not be a concern unless you are taking a blood thinner. As the needles are very small and do not have a cutting edge, the likelihood of any significant tissue trauma from TDN is very unlikely.

The technique utilizes specialized supplies that are oftentimes not covered by a third-party payer. You will be responsible for a "Dry Needling Supply Charge." Please consult your practitioner if you have any questions regarding the treatment above.

Do you have any known disease or infection that can be transmitted through bodily fluids?  Yes  No

If you marked yes, please discuss with your practitioner.

\_\_\_\_\_  
 Please print your name

\_\_\_\_\_  
 Signature