

AH Concierge Physical Therapy LLC
Dry Needling Consent Form

As described by the American Physical Therapy Association in an educational resource paper in February 2018:

“ Dry needling is a skilled intervention that uses a thin filiform needle to penetrate the skin and stimulate underlying myofascial trigger points, muscular, and connective tissues for the management of neuromusculoskeletal pain and movement impairments. Dry needling is a technique used to treat dysfunctions in skeletal muscle, fascia, and connective tissue, and diminish persistent peripheral nociceptive input, and reduce or restore impairments of body structure and function leading to improved activity and participation.”

Dry needling is a safe technique and complications are rare, however, as with any procedure where the skin is punctured, there are several risks associated with dry needling. These risks include: infection, pneumothorax, puncture of implants, epidural hematoma, allergic reactions to the metals in the needle, increased lymphedema, excessive bleeding, and nerve damage.

To limit complications, please answer the following questions:

Are you pregnant?	Yes	No	How many weeks	_____
Do you have any implants or implanted devices?	Yes	No	Please list:	_____
Do you take blood thinners?	Yes	No	What kind:	_____
Do you take any immunosuppressants?	Yes	No	What kind:	_____
Do you take anti-inflammatories?	Yes	No	What kind:	_____
Have you had any spinal surgeries?	Yes	No	What kind/levels:	_____
Have you had any surgeries?	Yes	No	Where/when	_____
Allergies to metals?	Yes	No	What kind:	_____

Your physical therapist recommends trigger point dry needling to address your impairments and restore function. Treatment may take several sessions and can be performed in multiple muscles in one session.

I _____ have read, or had read to me the above and had all of my questions answered to my satisfaction. I understand the risks associated with trigger point dry needling and consent to the examination and treatment at AH Concierge Physical Therapy, including dry needling, of any and all my affected muscles. This agreement is valid for the duration of up to one year following the date below, or until revoked by me in writing. I understand that my physical therapist has suggested trigger point dry needling. I understand that I will be paying cash up front for this service and insurance may not reimburse me for this service.

Patient/Authorized Representative Signature: _____ Date: _____

Physical Therapist Signature: _____ Date: _____