



Connections Physical Therapy Dry Needling Consent Form

Dry Needling (DN) involves inserting a tiny monofilament needle into symptomatic tissue with the intent to reduce pain, increase circulation and improve function of the neuromusculoskeletal system. DN is not traditional Chinese Acupuncture, but instead is based on neurology, physiology and western medical principles. DN is a valuable treatment for musculoskeletal pain; however, like any treatment there are possible complications. While these complications are rare in occurrence, they are real and must be considered prior to giving your consent for dry needling.

Risks of the Procedure:

Though unlikely there are risks associated with this treatment. The most serious risk associated with Dry Needling 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 injury. 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 blood thinners. As the needles are very small and do not have a cutting edge, the likelihood of any significant trauma from Dry Needling is unlikely. There are other conditions that require consideration so please answer the following questions:

Are you taking blood thinners?	Yes / No
Are you or is there a chance you could be pregnant?	Yes / No
Are you aware of any problems or have any concerns with your immune system?	Yes / No
Do you have any known disease or infection that can be transmitted through bodily fluids?	Yes / No

Please consult with your practitioner if you have any questions regarding the treatment above.

I have read and fully understand this consent form and attest that no guarantees have been made on the success of this procedure related to my condition. I am aware that multiple treatment sessions may be required, thus this consent will cover this treatment as well as subsequent treatment by this facility. All of my questions, related to the procedure and possible risks, were answered to my satisfaction. My signature below represents my consent to the performance of dry needling and my consent to any measures necessary to correct complications, which may result. I am aware I can withdraw my consent at any time.

Please print your Name:

Signature:

Date:

I was offered a copy of this consent and refused