

Trigger Point Dry Needling Consent Form

Diagnosis and Treatment Consent

I, the undersigned, do hereby give my voluntary consent for the administration of trigger point dry needling. I have discussed the purpose and nature of trigger point dry needling with the clinician.

Trigger point dry needling technique has been explained to me as a medical or physical therapy treatment performed by the insertion of special sterilized fine needles with or without the application of electrical stimulation through the skin into the underlying tissues and muscles at specific points known as myofascial trigger points for the purpose of alleviating pain and improving posture and movements. The Virginia Board of Physical Therapy considers trigger point dry needling within the scope of Physical Therapy practice.

I understand that trigger point dry needling is not a form of traditional acupuncture.

I have been informed that trigger point dry needling is a safe method of treatment, but that it may have minor side effects, including bruising, post-needling soreness and discomfort, and in rare cases, dizziness or fainting. This office uses sterile, disposable needles and maintains a clean and safe environment. There have been very rare instances reported of pneumothorax or a collapsed lung. I understand that while this document describes the major risks of treatment, other side effects and risks may occur.

While the risk of trigger point dry needling is small, I will notify the clinician should I become pregnant; have a bleeding disorder; take anti-coagulants (blood thinners); have a pacemaker or defibrillator.

I do not expect the practitioner to be able to anticipate and explain all possible risks and complications of treatment. I wish to rely on the clinician to exercise judgment during the course of treatment, and decide is in my best interest, based upon the facts that are known at the time. I understand the practitioner and administrative staff may review my medical records and reports, but all of my records will be kept confidential and will not be released without my written consent.

By voluntarily signing below, I show that I have read or have had read to me this consent to treatment. I have been told about the risks and benefits of trigger point dry needling and other procedures and have had an opportunity to ask questions. I intend this consent form to cover the entire course of treatment for my present condition and for any future conditions for which I seek treatment.

I hereby certify that I understand the above authorization and the risks involved. All relevant questions which I have asked have been answered.

Patient Name: (print) -----
Patient Signature -----
Date -----

Witness Name (print) -----
Witness Signature -----