

# Zoe Eves-Cowell Myotherapy & Dry Needling

## Dry Needling Consent Form

Dry Needling is an invasive procedure that requires your informed consent prior to treatment  
To give this consent you must be aware of its potential risks and adverse events.

The **Most Serious** but rare risks are, Pneumothorax (lung puncture), Cardiac Tamponade and damage to organs. **Very Common** and usually not cause for concern are local bruising, bleeding, and temporary pain during and after treatment. **Uncommon** is the aggravation/worsening of symptoms, drowsiness, headache, nausea, altered emotions, shaking, itching, claustrophobia, and numbness.

We practice and are compliant with all current safety and health hygiene protocols as recommended by our local authority and professional body. All Acupuncture needles used are of high quality, single-use, and packaged individually in sterile blister units.

Prior to treatment please notify your practitioner if you have any of the following conditions

- Bloodborne viruses (HIV & Hepatitis B/C)
- Recent radiotherapy
- Malignancy
- Haematoma
- Pregnancy
- Diabetes
- Bleeding disorders
- Eczema or psoriasis
- Peripheral neuropathy
- Lowered Immune Function
- Metal Allergies
- Chronic oedema or Lymphoedema
- Recent Axillary & Inguinal Node Dissection
- Open skin wounds or injuries
- Cosmetic or Augmentation Surgery, E.g. Breast, buttock, pectoral & calf

Patient Consent: I consent to receive Dry Needling treatment. I do not expect, unless asked, the treating practitioner to be able to anticipate and explain all the known risks and complications, and I wish to rely on the practitioner to exercise their judgment during the course of the treatment, which they feel at the time, based upon the facts then known, is in my best interests. I intend this consent form to cover the entire course of treatment for my present condition, and for any other future condition(s) for which I seek treatment. I understand that I can withdraw my consent at any time.

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

If you're under the age of 18 your parent/guardian must sign this form and be present during the duration of treatment.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_