



Source Physical Therapy & Wellness

Dry Needling Consent and Request for Procedure

I acknowledge that **Dry Needling** requires a written **Physician Referral**, prior to being performed

Initial

I understand that currently there is no accurate Current Procedural Terminology (CPT) codes for billing Dry Needling to a third party or insurance. Therefore, this service will be an out-of-pocket expense of \$ _____ **per Dry Needling Session**, which is in addition to the cost of the appointment.

Initial

Dry Needling (DN) or Trigger Point Dry Needling (TDN) involves inserting a small monofilament needle into a muscle or muscles, to release taut or shortened bands of muscle and decrease trigger point activity. This treatment can help resolve pain and muscle tension, and will promote healing. This is not traditional Chinese Acupuncture. DN is a medical treatment that relies on a medical diagnosis in order to be effective. DN is often a valuable and effective treatment for musculoskeletal pain. Like any treatment, there are possible complications. While complications are rare in occurrence, they do exist and must be considered prior to giving consent for treatment.

Risks: The most serious risk associated with DN, is accidental puncture of a lung (pneumothorax). If this were to occur, it may likely require a chest x-ray and no further treatment. The symptoms of shortness of breath from a pneumothorax may last for several days to weeks. A more severe puncture can require hospitalization and re-inflation of the lung. This is a rare complication, and in the skilled hands of your practitioner, should not be a major concern. Other risks include, injury to a blood vessel which may cause bruising, infection, and/or nerve damage. Bruising and an increase in soreness from DN is a common occurrence, but should not be a cause for concern.

Patient's Consent: I understand that no guarantee or assurance has been made as to the results of this DN procedure, and that it may not cure my condition. My Physical Therapist has also discussed with me the probability of success of this procedure, as well as the probability of serious side effects. Multiple treatment sessions may be required/needed. This consent will cover this treatment as well as consecutive treatments by this facility. Consent can be revoked at any time. I have read and fully understand this consent form and understand that I should not sign this form until all items have been explained and answered to my satisfaction. With my signature, I hereby consent to the performance of this procedure. I also consent to any measures necessary to correct complications which may result.

Please Answer the Following: (circle your answer)

- | | | |
|---|-----|----|
| 1. Have you ever fainted or experienced a seizure? | Yes | No |
| 2. Do you have a pacemaker or <i>any other</i> implants? (i.e. breast, buttock) | Yes | No |
| 3. Are you currently taking any anticoagulants (ex: blood thinners) | Yes | No |
| 4. Are you pregnant? | Yes | No |
| 5. Are you a diabetic or suffer from impaired wound healing? | Yes | No |
| 6. Do you have Hepatitis B, C, or HIV, or any other infectious disease? | Yes | No |
| 7. Do you have an active infection, cancer, or any autoimmune disease? | Yes | No |

DO NOT SIGN UNLESS YOU HAVE READ AND THOROUGHLY UNDERSTAND THIS FORM
You have the right to withdraw consent for this procedure at any time before it is performed.

Patient or Authorized Representative

Date

Relationship to Patient (if other than patient)

Patient Name Printed

Physical Therapist Affirmation: I have explained the procedure indicated above and its attendant risks and consequences to the patient who has indicated understanding thereof, and has consented to its performance.

Physical Therapist

Date

Patient was offered a copy of consent and refused

Patient received a copy of this consent form