



Dry Needling Consent

Dry needling (DN) is a skilled technique performed by a physical therapist using a single-use, single-insertion, sterile filiform needle, which is used to penetrate the skin or underlying tissue to effect change in body conditions, pain, movement, impairment, and disability. 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 treatment.

Risks of the procedure: The most serious risk associated with DN is accidental puncture of a lung (pneumothorax). If this were to occur, it may 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, while rare, may require hospitalization.

Other risks may include bruising, infection, or nerve injury. It should be noted that bruising is a common occurrence and should not be a concern. The monofilament needles are very small and do not have a cutting edge; the likelihood of any significant tissue trauma from DN 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**

Patient Consent: I have read and fully understand this consent form and attest that no guarantees have been made of 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 treatments by this facility. All of my questions related to the procedure and possible risks were answered to my satisfaction.

I am aware that dry needling is not covered by health insurance; therefore, it will be an out of pocket expense.

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 in writing at any time.

I authorize the performance of dry needling.

Patient/Guardian Signature _____ Date _____

DOB _____ Phone Number _____ Email Address _____