



## DRY NEEDLING CONSENT AND REQUEST FOR PROCEDURE

### What is Dry Needling?

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 a 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 treatment.

**Risks:** Drowsiness, tiredness, or dizziness occurs after treatment in a small number of patients (1-3%) and if affected you are advised not to drive. Minor bleeding or bruising occurs after dry needling in 15-20% of treatments and is considered normal. Temporary pain during needling occurs in 60-70% of treatments. Existing symptoms can get worse after treatment in less than 3%; however, this is not necessarily a "bad" sign. Fainting can occur in certain patients (0.3%), particularly at the first treatment session when needling head or neck regions. The most serious risk associated with dry needling is an accidental puncture of a lung (pneumothorax) in (0.01%). 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.

### Please Answer the Following:

- Are you taking blood thinners? YES / NO
- Are you immunocompromised? YES / NO
- Do you have any known disease or infection that can be transmitted through bodily fluids? YES / NO
- Are you or is there a chance you could be pregnant? YES / NO

**Patient's Consent:** 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 session 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.

My signature below represents my consent to the performance of dry needling and my consent to any measure necessary to correct complications, which may result. I am aware I can withdraw my consent at any time.

I, _____ authorize the performance of Dry Needling.	
_____ Patient or Authorized Representative	_____ Date
_____ Relationship to Patient (if other than patient)	_____ Date