



Prime Physical Therapy

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Dry Needling Consent Form

Dry needling is a modern, evidence-based, scientific intervention that is performed by a Certified Doctor of Physical Therapy with a single-use, single-insertion, sterile, thin monofilament needle. The needle is inserted into myofascial trigger points, muscles, ligaments, tendons and around nerves to stimulate a healing response within the body. Dry needling is utilized in the treatment of musculoskeletal pain and dysfunction. Dry needling is not to be confused with acupuncture or Traditional Oriental Medicine, which uses the needles to alter the flow of energy along traditional Chinese meridians.

Risks of dry needling procedure:

Although unlikely, there are risks associated with this treatment. The most common minor side effects include bruising, minor bleeding and increased soreness. Drowsiness or tiredness and dizziness have been seen in a small number of patients. If those symptoms arise, patients are advised not to drive until those symptoms subside. Temporary pain can be experienced during dry needling, but this is not necessarily a “bad” sign. Fainting can occur in a small percentage of patients and is often during an initial needling session of the head and neck. While dry needling is very safe, the most serious risk associated with this procedure is the potential for a possible pneumothorax (lung collapsing due to air inside of the chest wall). While it is extremely rare, the symptoms of pneumothorax may include shortness of breath on exertion, chest pain, a dry cough, increased breathing rate, bluish discoloration of the skin or excessive sweating. If you notice these symptoms, you should immediately contact your physician and if necessary visit the Emergency Department.

Please notify your provider if you have any conditions that that can be transferred by blood.

Please circle an answer to each of the following questions:

1. Are you on blood thinners? YES / NO
2. Have you ever fainted or experienced a seizure? YES / NO
3. Do you have a pacemaker or other electrical device implant? YES / NO
4. Are you currently taking any antibiotics for an infection? YES / NO
5. Do you have any allergies to certain metals? YES / NO
6. Do you have a damaged heart valve, recent metal prosthesis or other risk of infection? YES / NO
7. Is there any chance you may be pregnant? YES / NO
8. Are you diabetic or suffer from slow or impaired wound healing? YES / NO
9. Do you have any infectious diseases, to include, but not limited to, Hepatitis C, AIDS/HIV? YES / NO

I _____ (patient), am seeking medical treatment from Prime Physical Therapy. I fully understand my insurance company may not cover dry needling and that I am solely responsible for all of the charges related to this service. It is the patient’s responsibility to submit the bill too their insurance company for reimbursement.

*Only single-use, disposable needles are used in this clinic.

ACKNOWLEDGEMENT OF CONSENT

I confirm that I have read and understood the above information and I consent to having dry needling treatments. I understand that I can refuse treatment at any time.

Print Name: _____

Signature: _____ Date: _____