

Dry Needling Consent Form

Patient Name: _____

Date of Birth: _____

I, the undersigned, hereby consent to undergo dry needling as a part of my physical therapy treatment at Elevate Physical Therapy. I have been provided with information about dry needling, its purpose, potential benefits, and possible risks. I have had the opportunity to ask questions, and those questions have been answered to my satisfaction.

Purpose of Dry Needling: Dry needling is a therapeutic procedure that involves the insertion of fine, sterile needles into specific trigger points or tight bands of muscles. The goal is to release muscle tension, reduce pain, and promote the body's natural healing response.

Potential Benefits:

- Reduction of muscle pain and tension
- Improved flexibility and range of motion
- Accelerated recovery from musculoskeletal conditions
- Enhanced effectiveness of other physical therapy interventions

Possible Risks: While dry needling is generally considered safe, there are some potential risks, including but not limited to:

- Temporary soreness or bruising at the needle insertion site
- Risk of infection (minimal, as sterile needles are used)
- Rare instances of fainting or dizziness

Procedure: I understand that the physical therapist will insert thin, sterile needles into specific areas of my body as part of the dry needling procedure. The therapist will communicate with me throughout the process to ensure my comfort and monitor my response.

Contraindications: I have informed my physical therapist of any medical conditions, allergies, or medications I am currently taking. I understand that certain conditions may be contraindications for dry needling, and the therapist will take this information into consideration.

Voluntary Consent: I understand that dry needling is voluntary, and I have the right to refuse or stop the procedure at any time. I acknowledge that no guarantees or promises have been made regarding the outcome of dry needling.

Follow-Up: I understand that the physical therapist may recommend follow-up treatments or other interventions based on my response to dry needling.

I, the undersigned, acknowledge that I have read and understand the information provided in this consent form. I willingly consent to undergo dry needling as a part of my physical therapy treatment at Elevate Physical Therapy.

Patient's Signature: _____ Date: _____

Therapist's Signature: _____ Date: _____