

Acupuncture and Dry-Needling Consent Form

Acupuncture and Dry Needling are treatment techniques in which fine, sterile needles are inserted into specific parts of the body to produce a therapeutic effect - such as pain relief or improved muscle function.

Acupuncture and Dry- Needling are generally very safe. Serious side effects (including pierced internal organ or nerve injury) are very rare occurring less than 1 per 10,000.

You need to be aware that:

- Drowsiness occurs after treatment in a small number of patients and if affected, you are advised not to drive.
- Minor bleeding or bruising can occur post treatment in a small number of cases
- Pain during treatment can occur in a small number of cases
- Existing symptoms can get worse after treatment in a small number of cases
- Fainting can occasionally occur in certain patients, particularly at the first treatment
- Single-use, disposable needles are always used in this clinic.
- All physiotherapists at this clinic providing this treatment have undertaken recognized external training to become proficient in delivering this form of treatment.

In addition, if there are particular risks that apply in your case, your practitioner will discuss them with you.

Is there anything your Physiotherapist needs to know?

Tick as applicable

- | | | |
|---|-----|----|
| • If you are pregnant or are trying to become pregnant: | Yes | No |
| • If you have ever experienced a seizure, faint or funny turn: | Yes | No |
| • If you have a pacemaker or any other electrical implants: | Yes | No |
| • If you have a metal allergy or needle phobia: | Yes | No |
| • If you are diabetic, immuno-deficient or have a history of cancer: | Yes | No |
| • If you are taking anti-coagulants (blood thinning) or any other medication: | Yes | No |
| • If you have damaged heart valves or an unstable heart condition: | Yes | No |
| • If you have any blood disorders (Hemophilia, HIV, AIDS, Hepatitis C): | Yes | No |

Statement of consent

I have read the above consent form. I have also had an opportunity to ask questions about its content, and by signing below I agree to the above mentioned Acupuncture or Dry-Needling procedures. I intend this consent form to cover the entire course of treatment for my present and future conditions for which I seek treatment. I am aware that I can refuse treatment at any time.

Print
Name:

Signature:

Date of Birth: / /

Physiotherapist

Date / /