BLACKSTONE VALLEY
PHYSICAL THERAPY SERVICES

Functional Dry Needling Consent and Request for Procedure

Functional Dry Needling (FDN) is a therapeutic treatment using small monofilament needles to release shortened bands of muscle and decrease trigger point activity, in order to provide patients/clients with relief of their symptoms. By inserting the needles into specific points, FDN is used by a licensed physical therapist with specialized training in Dry Needling to resolve pain and promote healing by stimulating the neuromuscular system, neutralizing tissue pH, and promoting an inflammatory response. This is not to be confused with Chinese Acupuncture, but instead a medical treatment that utilizes evidence base research to determine the proper regions to be treated for each patient/client. Following treatment, we recommend people to drink plenty of fluids, keep moving (but do not overdo it), and heat/ ice may be used for soreness.

Risks: As with any medical procedure, there are risks. In the case of FDN, the most serious, but rare, risk is a pneumothorax, an accidental puncture of a lung. If this were to occur, there would be no further treatment and you should see a physician because a chest X-ray may be needed. Symptoms include shortness of breath, decreased blood pressure, weak rapid pulse, increased neck vein distention, chest pain, dry cough, and sitting up is the most comfortable position. Other risks include injury to a blood vessel or nerve, resulting in bruising, numbness, and/or tingling. Some patients may feel dizziness, nausea, headache, and in rare cases, fainting can occur with FDN. FDN treatment is performed with the patient lying down to this decrease risk.

Patient's Consent: I understand that no guarantee or assurance has been made as to the results of this procedure and that it may not cure my condition. My therapist has also discussed with me the probability of success of this procedure, as well as the probability of serious side effects. Multiple treatment sessions may be required/necessary; thus this consent will cover this treatment as well as consecutive treatments by this facility. I have read and fully understand this consent form and understand that I should not sign this form until all items, including my questions, have been explained or answered to my satisfaction. With my signature, I hereby consent to the performance of this procedure. I also consent to any measures necessary to correct complications which may result.

Procedure: I, _____, authorize a certified DN therapist to perform Functional Dry Needling for my diagnosis of _____. ☐

Please initial

I understand that this FDN is **NOT** a covered treatment covered by health insurance and therefore will be paid for on a cash or out-of-pocket basis. Session costs can vary depending on the therapist's discretion and complexity of necessary treatment. We estimate that your treatment will require Simple ($25) Complex ($40) Full Session ($75) ☐

Please answer the following questions: Please initial

Are you pregnant?	Yes	No	**Have you had cancer or lymph node removal?**	Yes	No
Are you immunocompromised?	Yes	No	**Have you ever fainted or had a seizure?**	Yes	No
Are you taking blood thinners?	Yes	No	**Are you diabetic or suffer from impaired wound healing?**	Yes	No
Do you have a metal allergy?	Yes	No	**Have you eaten in the last 2 hours?**	Yes	No
Have you had recent surgery?	Yes	No	**Do you have Hepatitis B or C, HIV, MRSA, or infection?**	Yes	No

DO NOT SIGN UNLESS YOU HAVE READ AND THOROUGHLY UNDERSTAND THIS FORM.

You have the right to withdraw consent for this procedure at any time before it is performed.

_____ _____ _____

Patient or Authorized Representative Signature Date Time

_____ _____

Relationship to patient (if other than patient) (Patient name printed)

Physical Therapist Affirmation: I have explained the procedure indicated above and its attendant risks and consequences to the patient who has indicated understanding thereof, and has consented to its performance.

_____ _____ _____

Physical Therapist Date Time

☐ Patient was offered copy of consent and refuse ☐ Patient was given copy of consent