*****Alter this form AFTER consulting with legal counsel AND your malpractice company for approval.**

YOUR LOGO/CLINIC INFO HERE

(SAMPLE) PATIENT CONSENT FORM

Any medical procedure involving the placement of a needle into the body has some inherent risk, even though in this case it is small. We **ONLY** use sterile and disposable needles and ALWAYS dispose of each needle according to government standards. We ask that you read the following so we may help you understand everything you need to give us verbal and written consent to proceed with Dry Needling.

The following is a list of conditions that are the most common absolute and relative contraindications to Dry Needling therapy. ***Please inform us if you have ANY of the following***:

- Spontaneous bleeding or bruising
- Irregular heartbeat
- Tendency to bleed (taking anticoagulant therapy)
- Compromised immune system
- Previous adverse reaction to acupuncture or dry needling therapy
- Seizure induced by previous medical procedure
- Unstable diabetes
- Unstable angina
- Congenital or acquired heart valve disease
- Recent cardiac surgery or congestive cardiac failure
- Recent radiotherapy
- Varicose veins
- Malignancy
- Hematoma
- Pregnancy
- Eczema or psoriasis
- Peripheral neuropathy
- Recurrent infections
- Epilepsy--stable or unstable or schizophrenia
- Chronic edema or lymphedema
- Depression
- Chronic fatigue
- Acute cardiac arrhythmias
- Open skin wounds or injuries
- Allergy to Nickel or Chromium
- Human Immunodeficiency Virus (HIV)
- Hepatitis B or C

****PLEASE CHECK ONE**: □ I DO □ DO NOT have surgical/artificial implants in my body

****PLEASE CHECK ONE:** □ I DO □ DO NOT have a pacemaker/defibrillator implanted in my body

Expected & Mild Side Effects: aching, soreness, redness, bruising, muscle cramps and fatigue. These may last a few hours to a few days. A few patients experience temporary fainting.

Uncommon and Unexpected Side Effects: bleeding, aggravation of original symptoms, nausea, shaking, dizziness, numbness, itching, allergic reaction to the needles (with or without rashes) and/or altered emotions.

VERY RARE: infection, nerve inflammation (neuritis), organ puncture (such as pneumothorax or collapsed lung) and pregnancy termination.

By signing below I am making clear that I understand there is some risk involved in any procedure that involves inserting needles of any kind into the body. These have been outlined above and I understand them. I have been given the opportunity to discuss this at length with my clinician. I wish to proceed with Dry Needling.

_____
Printed Name

_____
Signature

_____
Date

_____
Witness