**Dry Needle Medical History Questionnaire**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Height: \_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_ Describe the current problem?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When did the problem begin? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Has the problem stayed the same? Getting better? Getting worse? Do you have pain? Y/N Please rate pain 0-10: \_\_\_\_\_ (0 is no pain, 10 is horrible pain) Please describe the type of pain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Have you had previous treatments?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Have you ever had any of the following conditions or diagnoses? Circle all that apply /describe**

 Cancer Stroke Emphysema/chronic bronchitis

Heart problems Epilepsy/seizures Asthma

High Blood Pressure Multiple Sclerosis Allergies-list below

Ankle swelling Head Injury Latex sensitivity

Anemia Osteoporosis Hypothyroid/ Hyperthyroid

Low back pain Chronic Fatigue Syndrome Headaches

Sacroiliac/Tailbone pain Fibromyalgia Diabetes

Alcoholism/Drug problem Arthritic conditions Kidney disease

Childhood bladder problems Stress fracture Irritable Bowel Syndrome

Depression Rheumatoid Arthritis Hepatitis HIV/AIDS

Anorexia/bulimia Joint Replacement Sexually transmitted disease

Smoking history Bone Fracture Physical or Sexual abuse

Vision/eye problems Sports Injuries Raynaud’s (cold hands and feet)

Hearing loss/problems TMJ/ neck pain Pelvic pain

Other/Describe­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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List Surgeries/Date:
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List Medications:
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**Dry Needle Conditions & Consent for Treatment**

Dry Needling (DN) involves inserting a tiny momofilament needle in a muscle or muscles to release myofascial trigger points. This can help resolve pain and muscle tension and will promote healing. This in not traditional Chinese Acupuncture but is instead a medical treatment that relies on a medical diagnosis to be effective.

DN is a valuable and effective treatment for musculoskeletal pain. Like any treatment there are possible complications. While complications are rare in occurrence, they are real and must be considered prior to fiving consent for treatment.

**Risk:** The most serious risk with DN is accidental puncture of lung (pneumothorax). IF this were to occur, it may likely require a chest x-ray and no further treatment. The symptoms of shortness of breath may last for several days to weeks. A more severe puncture can require hospitalization and re-inflation of the lung. This is a rare complication, and or/nerve injury. Bruising is a common occurrence and should not be a concern.
**Patient’s Consent:** I understand that no guarantee or assurance has been made as to the results of this procedures and that it may not cure my conditions. My therapist has also discussed with me the probably of success and this procedure as well as the probability of serious side effects. Multiple treatment sessions my be required. Needed; thus, this consent will cover this treatment as well as consecutive treatments by Foundational Concepts. I have read and fully understand the consent form and understand that I should not sign this form until all items, including my questions have been explained or answers to my satisfaction. With my signature, I hereby consent to the performance of this procedure. I also consent to any measure necessary to correct complications which may results.

**This is a self-pay service only. This service is not billed through insurance. Cash rates for DN are as follows: Evaluations may be submit through insurance: $200 Out of Network $195 In Network Providers Follow ups: $35 (15 mins); $70 (30 min); $95 (45 min); $125 (60 min)
 I have read the above information and I consent to treatment of Dry Needling. I also consent to appropriate evaluation before treatment with DN.**

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

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Print Name Date

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Patient or Guardian Signature Date

Please answer the following:

Are you pregnant? YES NO
Are you immunocompromised? YES NO
Are you taking blood thinners? YES NO
History of Pneumothorax? YES NO

**Physical Therapist Affirmations:** I have explained the procedure indicated above and its risk and consequence to the patient who has indicated understanding thereof, and has consented to its performance.

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Physical Therapist Date