1. **Consent to Therapy**

I have presented myself to this facility for therapy treatments and consent to diagnostic procedures by my attending therapist. I realize I have the right to refuse any drugs, treatments or procedures to the extent permitted by law. I acknowledge that medicine is not an exact science, no guarantees or warranties can be made to me regarding the results of any treatments at this facility. I understand that information from any medical record(s) kept by this facility may be used for educational, administrative, and/or facility approved purposes when my personal identity will not be revealed.

1. **Authorization for Release of Information**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_give Flex Performance Therapy consent for the release of my records to any authorized representative(s) of Medicare, Medicare Intermediary, Worker’s Compensation, Private Insurance Company and/or Consulting Physician(s), Athletic Trainers, and Coaches for review in determining benefits to which I am entitled. I further authorize the facility to review my records and/or make photocopies of said records. I fully understand that I can, by legal right, refuse the release of said records. Therefore, I hereby authorize the facility access to my records. I consent to maintain the confidentiality of other patients of the facility, to not disclose to anyone the identity of anyone or anything discussed at the facility by anyone other than myself. **This includes not using any electronic device such as cell phone or tablet to video or photograph anyone at any time in the clinic.** This facility takes photographs of patients while performing therapy to be displayed in your chart.

1. Do you consent to have your photograph taken? \_\_\_\_YES \_\_\_\_No

**IV.** In regard to theCovid pandemic, Flex Performance Therapy is responsibly following Louisiana’s governor protocols and directives as administered by the Louisiana Physical Therapy Board. I understand that despite all protocols being followed there exists a risk of contracting Covid-19 by participating in a public facility. I understand the contagious nature of the virus and assume the risk.

**V.** I HAVE READ AND FULLY UNDERSTAND THE ABOVE GENERAL CONSENT FORM AND ANY QUESTION(S) I MAY HAVE HAD, HAS BEEN ANSWERED TO MY SATISFACTION.

Signature of Patient (or Guardian if Patient is a Minor – Under 18)

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Date: .

**DRY NEEDLING CONSENT &INFORMATION**

**What is Dry Needling?**

Dry needling is a form of therapy in which fine needles are inserted into myofascial trigger points (painful knots in muscles): tendons, ligaments or nerves in order to stimulate a healing response in painful musculoskeletal conditions. Dry needling is not acupuncture or Oriental medicine; that is, it does not have the purpose of alternating the (“Qi”) along traditional Chinese meridians for the treatment of diseases. In fact, dry needling is a modern, science-based intervention for the treatment of pain and dysfunction in musculoskeletal problems such as neck pain, shoulder impingement, tennis elbow, carpal tunnel syndrome, knee pain, shin splints, plantar fasciitis or low-back pain.

**Is Dry Needling safe?**

Drowsiness, tiredness or dizziness can occurs after treatment in a small number of patients (1-3%) and if affected, you are advised not to drive. Minor bleeding or bruising occurs after dry needling in 15-20% of treatments and is considered normal. Temporary pain during dry needling occurs in 60-70% of treatments. Existing symptoms can get worse after treatment (less than 3% of patients); however, this is not necessary a “bad” sign. Fainting can occur in certain patients (0.3%), particularly at the first treatment session when needling the neck or head regions. Dry needling is very safe; however, serious side effects can occur in less than 1 per 10,000 (less than 0.01%) treatments. The most common serious side effect from dry needling is induced pneumothorax (lung collapse due to air inside the chest wall). The symptoms of dry needling-induced pneumothrax commonly do not occur until after the treatment session and sometimes it takes several hours to develop. The signs and symptoms of a pneumothorax may include shortness of breath (SOB) on exertion, increased breathing rate, chest pain, a dry cough, bluish discolorization of the skin or excessive sweating. If such signs and/or symptoms occur, you should immediately contact your physical therapist or physician, Nerves or blood vessels may be damaged from dry needling which can result in pain, numbness or tingling, however this is very rare event and is usually temporary. Damage to internal organs has been reported in medical literature following needling, however, these are extremely rare events (1 in 200,000).

**Is anything you practitioner needs to know?**

Have you ever fainted or experienced a seizure? No/Yes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you have a pacemaker or any other electrical implants? No/Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you currently taking anticoagulants (Blood thinners e.g. warfarin, Coumadin) No/Yes\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you currently taking antibiotics for an infection? No/Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you have damaged heart valve, metal prosthesis or other risk for infections? No/Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Female: Are pregnant or actively trying for a pregnancy? No/Yrs\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you suffer from Metal allergies? No/Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you diabetic or do you suffer from impaired wound healing? No/Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you have hepatitis B, C, HIV, or any other infectious disease? No/Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Have you eaten in the last 2 hours? No/yes

**Only single- use, disposables needles are used in this clinic.**

**STATEMENT OF CONSENT**

**I confirm that I have read and understood the above information, and I consent to having dry needling treatment. I understand that I can refuse treatment and stop it at any time.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dry needling institute of American Academy of Manipulative Therapy 2012. James Dunning, DPT MSc Manip  Ther, OCS, MCSP, MAACP (UK), FAAOMPT, MMACP (UK) www.osteopractor.com**