

Dry Needling Consent Form

It is important clients read and understand the information below:

Possible risks to adverse events (AE's) related to Dry Needling therapy?

The possible risks to adverse events following Dry Needling treatment include Serious Adverse Events (AE's) Pneumothorax, Cardiac Tamponade & damage to organs (0.04%). Mild or moderate AEs included bruising (7.55%), bleeding (4.65%), pain during treatment (3.01%), and pain after treatment (2.19%). Uncommon AEs include aggravation of symptoms (0.88%), drowsiness (0.26%), headache (0.14%), and nausea (0.13%). Rare AEs fatigue (0.04%), altered emotions (0.04%), shaking, itching, claustrophobia, and numbness, all 0.01%.

"Reference: Brady, S et al. Journal of Manual and Manipulative Therapy 2013 VOL. 000 NO. 000 (2013)"

What are the procedures that our clinic has implemented to reduce the above risks?

- We practice and are compliant with all current safety and health hygiene protocols as recommended by our local authority and professional body
- If dry needling is indicated, prior verbal permission will be obtained
- All Acupuncture needles used for Dry Needling are single-use only, sterile and of the highest quality possible
- We will take a comprehensive case history to rule out any reasons why Dry Needling may not be appropriate for you as a treatment option

List of conditions

The following is a list of conditions that are the most common relative contra- indications to Dry Needling therapy. Please notify your treating practitioner if you have any of the following conditions or you, at a later stage, develop any of these conditions:

- Bloodborne viruses (HIV & Hepatitis B/C) • Recent radiotherapy
- Malignancy
- Haematoma
- Pregnancy
- Diabetes
- Bleeding disorders
- Eczema or psoriasis
- Peripheral neuropathy
- Lowered Immune Function
- Metal Allergies
- Chronic oedema or Lymphoedema
- Recent Axillary & Inguinal Node Dissection
- Open skin wounds or injuries
- Cosmetic or Augmentation Surgery, E.g. Breast, buttock, pectoral & calf

Withdrawing your consent

You may choose to withdraw your consent to Dry Needling therapy by signing this consent form with the amendment below.

Treatment of Patients under 18 years of age


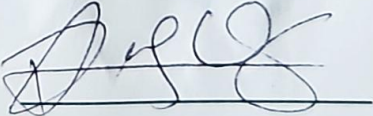
It is the policy of this clinic that any patient under the age of 18 must have their parent or legal guardian present during their child's initial consultation. It is strongly recommended that a parent or legal guardian should attend all subsequent appointments. In the case where a parent/legal guardian is unable to attend a child's initial consultation, we will ask the parent/legal guardian to read and sign this consent form before their child's appointment.

Patient Consent

I request and consent to the performance of treatment on me by my treating practitioner.

I do not expect, unless asked, the treating practitioner to be able to anticipate and explain all risks and complications, and I wish to rely on the practitioner to exercise judgment during the treatment, which they feel at the time, based upon the facts then known, is in my best interests.

I intend this consent form to cover the entire course of treatment for my present condition, and for any other future condition(s) for which I seek treatment. I understand that I can withdraw my consent at any time. Signing this form does not remove my rights to withdraw from any treatment option my practitioner may offer now or in future.

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|------------------------------------|--------------------------------------------------------------------------------------------|-------------------|
| <u>Naomi Evans</u> | <u></u> | <u>9/7/2024</u> |
| Client Name | Client Signature | Date/Time |
| Daniela U.G. Kurt (ATMS 18906) | <u></u> | |
| Practitioner Name Practitioner | Signature Date/Time | 9/7/24 12:45pm |