|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: | | | | **Email:** | | |
| Address: | | | |  | | |
| City, State, Zip: | | | **DOB:** |  | | **Age:** |
| Home Phone: | | | | **Cell Phone:** | | |
| Emergency Contact (Name & Phone): | | | |  | | |
| Referred by: | | | | **Marital Status:** | | |
| Occupation: | | | |  | | |
| Have you ever had dry needling before? | | | | **With whom and results?** | | |
| Reason for today’s visit: | | | |  | | |
| How long have you had this condition? | | | | **Is it getting worse?** | | |
| Does it bother your: | * **Sleep** | * **Work** | |  | * **Other (What?)** | |
| Is this your first time with this condition? | | | |  | | |
| What seems to make it better? | | | | **What seems to make it worse?** | | |
| Other concurrent therapies? | | | | **Do you have surgical/cosmetic implants?**  **If yes, where?** | | |

**Dry Needling Intake Form**

**Dry Needling Consent Form**

**Dry needling (DN)**

DN is a technique that involves the insertion of acupuncture needles (without medication) as a means to promote healing within the body. Dry needling works by changing the way your body senses pain (neurological effects), and by helping the body heal itself. There are additional electrical and chemical changes associated with dry needling therapy which assist in the healing process. It is important to see dry needling may act as just one part of your overall rehabilitative treatment. Treatment techniques are based on concepts of modern medicine and are not to be considered acupuncture. Risk of injury and/or potential complications could result from DN if proper precautions are not observed. If you are being treated in the shoulder, neck, back or chest area, there is an additional risk that involves your lung. If the lung itself is punctured, you may develop a condition called a pneumothorax (air in the space around the lung). This is a rare but serious problem, and you should go directly to a hospital ER department without panicking if it occurs. The symptoms of this event include shortness of breath which gets worse, sudden sharp pain each time you breathe in, a bluish tinge to your lips, and an inability to “catch your breath”. In general, there is very little risk associated with this technique if performed properly.

* You may feel sore immediately after treatment in the area of the body you were treated, this is normal but does not always occur. It can also take a few hours or the next day before you feel soreness. The soreness may vary depending on the area of the body that was treated as well as varies person to person, but typically it feels like you had intense workout at the gym. Soreness typically lasts 24-48 hours. If soreness continues beyond this, please contact your provider.
* It is common to have bruising after treatment; some areas are more likely than others. Some common are shoulder, base of neck, head and face, arms and legs. Large bruising rarely occurs but can. Use ice to help decrease the bruising and if you feel concern please call your provider.
* It is common to feel tired, nauseous, emotional, giggly or “loopy”, and/or somewhat “out of it” after treatment. This is a normal response that can last up to an hour or two after treatment. If this lasts beyond a day contact your provider as a precaution.
* There are times when treatment may make your actual symptoms worse. This is normal. If this continues past the 24 hour-48 hour window, keep note of it, as this is helpful information and your provider will then adjust your treatment plan based on your report if needed. This does not mean DN cannot help your condition.

Other complications that could result from DN: bleeding, bruising, infection, or nerve injury.

During a DN treatment you may experience temporary:

Pain, sweating, nausea, anxiety, dizziness, pain referral or muscle twitch. After a DN treatment you may experience temporary: muscle soreness, muscle tightness, paresthesia or joint stiffness.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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