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Informed Consent for Dry Needling Treatments

Please read carefully

I, _____ hereby request and consent to the performance of dry needling and other related techniques, including electro-dry needling as the physiotherapist feels necessary.

Gokavi Transverse and Biomedical Dry Needling Techniques – whereby needles are used to decrease trigger point activity in a muscle or muscles
Electro-Dry Needling – whereby the needles are electrically stimulated at various frequencies to cause relaxation of the muscles and analgesia of the area of pain involved

Before treatment, ensure that you have had a light meal within the previous few hours. Avoid smoking and consumption of alcohol or caffeine for a few hours before and after treatment.

I further state that the following contraindications are not existent: Pregnancy; Mechanical heart valve or pacemaker; Anticoagulants; Bleeding disorders; Local infections; Lymphedema; Infectious disease (e.g. HIV, Hepatitis B, Hepatitis C); Compromised immune system.

I understand and am informed that in the practice of dry needling there are some risks to treatment, including, but not limited to, minor bleeding or bruising, minor pain or soreness, nausea or fainting. These symptoms are temporary in nature. On rare occasions, infection, convulsions, possible perforation of internal organs such as pneumothorax, and stuck or bent needles could occur.

I have been advised that only single use, sterile, disposable needles are to be used. All needles are properly disposed of after each and every treatment.

I do not expect the dry needling practitioner to be able to anticipate and explain all possible risks and complications. I wish to rely on the practitioner to exercise judgment during the course of the treatment, which he/she feels at the time, based upon the facts then known, is in my best interest. I understand that the results are not guaranteed.

I have read the above consent form. I have also had an opportunity to ask questions about its content, and by signing below, I agree to the above mentioned dry needling procedures.

Patient Signature

Date

Parent or Guardian Signature

Witness Signature