

DRY NEEDLING CONSENT TO TREAT FORM

DN is valuable treatment for musculoskeletal issues and concerns; however, like any treatment there are possible complications. While these complications are rare in occurrence, they are real and must be considered prior to giving your consent for dry needling treatment.

Risks of the procedure:

The most serious risk associated with DN is accidental puncture of a lung (pneumothorax). If this were to occur, it may likely only 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 lung puncture can require hospitalization. This is a rare complication and in skilled hands should not be a concern. Other risks may include bruising, infection and/or nerve injury. It should be noted that bruising is a common occurrence and should not be a concern. There are other conditions that require consideration so **please answer the following questions:**

- Are you taking blood thinners? Yes / No
- Are you or is there a chance you could be pregnant? Yes / No
- Are you aware of any problems or have any concerns with your immune system? Yes / No
- Do you have any known disease or infection that can be transmitted through bodily fluids? Yes / No
- Have you had any recent surgeries? Yes / No
- Do you have breast implants, pace maker or port in your body? Yes / No
- Are you aware of any metal allergies to nickel or chromium? Yes / No

Pricing:

A portion of DN is not covered by insurance and is an out of pocket expense. Since there are multiple insurance carriers with their own set fee structure, pricing varies. Please ask for details regarding your specific plan. **Out of pocket charges range from \$20-\$150 and are due at time of service.**

Patient's Consent:

I have read and fully understand this consent form and attest that no guarantees have been made on the success of this procedure related to my condition. All of my questions, related to the procedure and possible risks, were answered to my satisfaction. My signature below represents my consent to the performance of DN and any measures necessary to correct complications, which may result. I am aware I can withdraw my consent at any time.

I, _____, authorize the performance of DN by Dr. Wendy Mehaffey.

Signature: _____ Date: _____