

**CONSENT FORM FOR MYOFASCIAL DRY NEEDLING.**

**What is Myofascial Dry Needling?**

Myofascial Dry Needling technique is a treatment used for the purpose of alleviating pain and improving posture and movement. It uses fine, filament needles without the application of electrical stimulation. This office uses sterile, single use disposable needles and maintains a clean and safe environment.

**Method of Application.**

The needles are inserted through the skin and into the underlying tissue and muscles at specific points known as **Myofascial Trigger Points**. The aim is to elicit a twitch response of 3-4 twitches from the Myofascial Trigger Point. Remedial Massage Techniques are often incorporated into treatment. **I understand that Myofascial Dry Needling is not a form of Acupuncture.**

**Risks associated with Myofascial Dry Needling.**

I have been informed that Myofascial Dry Needling is generally a safe method of treatment, but that it may have side effects including bruising, post treatment soreness and discomfort, and in rare cases dizziness and fainting. While the risk of Myofascial Dry Needling is small, there have been very rare instances reported of pneumothorax or a collapsed lung. I understand that while this document describes the major health risks of treatment, other side effects may occur. Alternative treatments and their benefits and risks have been explained to me.

**Consent for Myofascial Dry Needling.**

I, ..... do hereby give my voluntary consent for the administration of **Myofascial Dry Needling**. I will notify **Jeff Robinson, Remedial Massage Therapist** should I have a bleeding disorder, take anticoagulants (blood thinning medication), have a pacemaker or defibrillator, have had any implants (medical or cosmetic) or am pregnant. If any of these conditions arise during the course of my treatment I will make **Jeff Robinson, Remedial Massage Therapist** immediately aware of the change in status.

I intend this consent form to cover the entire course of treatment for my present condition and for any future conditions for which I seek treatment from **Jeff Robinson, Remedial Massage Therapist**.

By signing below, I give my consent to evaluation and treatment. **I understand that I can refuse treatment at any time.** I have been told about the risks and benefits of Myofascial Dry Needling and have had an opportunity to ask questions.

Client signature: ..... Date: .....

Therapist signature: ..... Date: .....