

CENTER FOR CHIROPRACTIC AND WELLNESS

Trigger point Needle Therapy Intake Form

Personal Information

Name: _____ DOB: _____ Today's Date: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact: Name _____ Phone: _____

How did you hear about us/Referring Provider: _____

History

What medications are you taking: _____

Previous injuries/complaints/surgeries: _____

Allergies: _____

Complaint

What is your major complaint: _____

Start Date: _____ Possible Cause: _____

Symptoms (achy, sharp, shortness of breath, etc): _____

Previous Treatment (if any): _____

Aggravating Factors: _____

Relieving Factors: _____

Time of day symptoms are **best**: _____ Time of day they are **worst**: _____

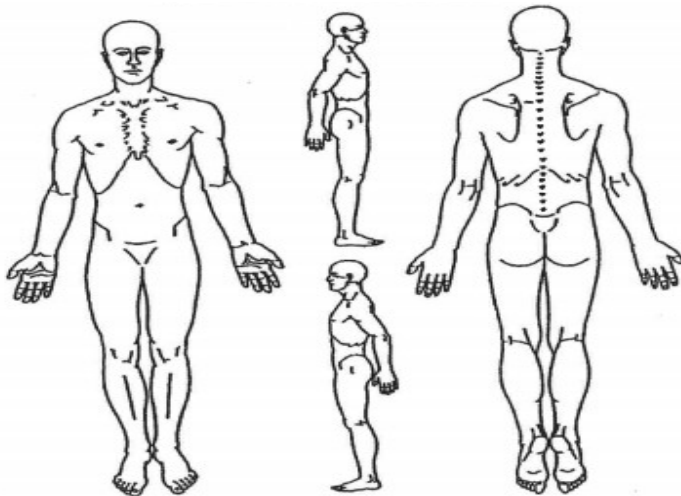
Current Duration of Symptoms: Intermittent Constant Certain movements/activities

Current Level of Pain/Symptoms: Mild Moderate Severe Excruciating

Are symptoms getting better, worse, or unchanged: _____

Have you had this injury/condition before: _____

Mark Areas of Discomfort:



Patient Consent Form

Trigger point needle therapy/dry needling consists of inserting a thin, solid, disposable acupuncture needle into the trigger point/muscle to release tension. This is done until a "local twitch response" is elicited. This is one of the indicators that a trigger point was adequately stimulated and released. There are a variety of needling techniques that may be used depending on what your symptoms are and where your issue is on your body. When the needle stimulates a "twitch" in the muscle, it causes it to relax and go back to its resting length, which, in turn, will allow proper blood flow, restore proper pH, and inhibit continuous inflammation. Simply inserting the needle into the body can provide enough stimulation to release opioid-like chemicals which reduce pain. The overall benefits of trigger point needle therapy are: greater range of motion, less pain, faster recovery time, less stiffness and tightness, and better function/performance.

Is it safe/will it hurt? Trigger point needling is incredibly safe when performed by a trained professional. Because the needle is so thin, the risks are very low and any discomfort is kept to a minimum. Most people cannot even tell a needle was inserted, but only realize it when the trigger point is reached. At that point, a sore sensation or a quick pinch may be felt. The side effects may include: soreness within the muscle being treated, some slight bruising, or redness around the site of needle insertion. With needles there is always a chance of infection. However, the needles used are sterile, new, and disposable, making infection extremely rare. Allergic reactions to the needle itself are rare, if you have a metal allergy please let the practitioner know. When a needle is placed around the chest wall there is a rare possibility of a pneumothorax. If you experience shortness of breath let the practitioner know ASAP. Precautions have been taken to avoid all of these complications and all are readily reversible.

Are/ Do you currently (circle all that apply):

- | | |
|---|--|
| 1. Have HIV, Hepatitis B or C, or any conditions transferable by blood? | 7. Have implants (breast, butt, calf, etc)? |
| 2. Pregnant? Or trying to become pregnant? | 8. Have a cardiac pacemaker? |
| 3. Have a bleeding disorder (hemophilia, etc.)? | 9. Have epilepsy or a history of seizures? |
| 4. Taking blood thinning medication? | 10. Have diabetes or suffer from impaired wound healing? |
| 5. Have active cancer? | 11. Taking any antibiotics for an active infection? |
| 6. Have a joint replacement? | 12. Have a metal allergy? |

If you have any fear of needles or have fainted in the past when getting a shot or giving blood, please let your healthcare provider know so that he/she can be adequately prepared and position you accordingly.

My signature below certifies that I have read and understand this consent form, I am aware of the risks and have been given an opportunity to ask questions and all my questions have been answered. I understand that no guarantee or assurance has been made as to the results of this procedure and that it may not cure my condition. I consent to notify my provider immediately if any of the above conditions change. The answers provided here are true and accurate to the best of my knowledge. I hereby consent to the performance of this procedure.

Patient or Authorized Representative

Date

Printed Name of Patient

Dr. Kira Cervenka