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INFORMED CONSENT FOR TRIGGER POINT THERAPY

Patient Name: _____

Date of Birth: _____

Purpose

This form provides information about Trigger Point Injection (TPI) therapy, including its risks, benefits, and alternatives. Please read carefully and ask your healthcare provider any questions before signing.

The Treatment

TPI is used to treat painful, tender areas ("knots") in muscles that may irritate nerves and cause referred pain. A small needle is inserted into the trigger point and may inject:

- Local anesthetic (e.g., lidocaine, procaine)
- Botulinum toxin (e.g., Botox)
- Anti-inflammatory steroid

TPI may be combined with exercise, heat/cold therapy, and individualized medications to improve function.

Risks and Complications

No procedure is risk-free. Possible risks include:

- Infection, bleeding, irritation, bruising, redness, swelling, skin changes
- Puncture of the lung or pleura (if near ribcage)
- Procedure may not relieve pain

Initial: _____

Pregnancy, Allergies & Neurologic Conditions

I confirm that I:

- Am not pregnant, nursing, or attempting pregnancy
- Do not have significant neurologic disease (e.g., myasthenia gravis, MS, ALS, Parkinson's)
- Do not have allergies to lidocaine, botulinum toxin, or human albumin

Initial: _____

Payment

I understand this is an elective procedure, and I am responsible for payment at the time of treatment.

Initial: _____

Patient Signature: _____

Date: _____