Patient name: _____ Date: _____

DRY NEEDLING INTAKE QUESTIONNAIRE

Please complete this section fully. This information is necessary to determine whether dry needling is appropriate and safe for you.

Medical History (check all that apply):

- □ Bleeding or clotting disorder
- □ Taking anticoagulant or antiplatelet medications
- □ Cancer (current or past)
- □ Diabetes
- □ Lymphedema
- □ Skin infection, rash, or open wound near treatment area
- □ Immune system disorder or immunosuppressive therapy
- □ Epilepsy or seizure disorder
- □ Heart condition
- □ Pregnancy or possibility of pregnancy
- □ History of fainting, dizziness, or anxiety with needles
- □ Recent surgery (within last 6 months)
- □ Other medical condition(s): _____

Current medications or supplements and reason for use: _____

_____

PRESENT COMPLAINT

Area to be treated: _____

_____

When did the present complaint begin? _____

_____

It began… (circle the appropriate answer): ●Suddenly ●Gradually ●Post-injury

If injury-related, please explain: _____

_____

PRIOR EXPERIENCE

□ I have received dry needling previously
□ I have received acupuncture
□ I have not received either

If you have received either, did you experience any adverse effects?
□ No
□ Yes (please explain): _____

WHAT IS DRY NEEDLING?

Dry needling is a therapeutic procedure used to treat musculoskeletal pain and dysfunction. It involves the insertion of a thin, sterile, single-use filament needle into muscles, trigger points, or related soft tissues to reduce pain, decrease muscle tension, and improve movement and function.

Dry needling is **NOT acupuncture.** It is based on Western anatomical and neurophysiological principles and is performed as part of a chiropractic treatment plan.

In Virginia, dry needling is performed by licensed chiropractors who have completed post-graduate education and training consistent with Board of Chiropractic requirements.

POTENTIAL BENEFITS: Dry needling may decrease muscle pain and tightness, improve range of motion and flexibility, improve neuromuscular function, enhance overall response to chiropractic care

POSSIBLE RISKS & SIDE EFFECTS: I understand that, although uncommon, dry needling may involve risks including but not limited to:

□ Temporary soreness, stiffness, or aching
□ Bruising or minor bleeding
□ Fatigue or headache
□ Dizziness or fainting
□ Pain during or after treatment
□ Infection (rare due to sterile technique)
□ Nerve irritation or injury (rare)
□ **Pneumothorax** (collapsed lung) when needling near the chest, neck, or upper back (very rare but potentially serious)

I understand that outcomes cannot be guaranteed and that responses to treatment vary.

I, the undersigned, having been explained the risks of treatment, do hereby request and consent to the performance of chiropractic treatment and related physical therapy procedures upon the above- named patient (my dependent or myself). I wish to rely on the chiropractor to exercise judgement for my best interest during the course of treatment. I will inform the chiropractor or certified assistant who is treating me of any sensitive areas or adverse conditions I may have had prior to, during, or after treatment. I intend this consent to cover the entire course of treatment.

_____ _____

(Patient's Signature) (Today's Date)

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