Recovery Dry Needling and Physical Therapy

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Informed Consent and Liability Waiver Form

THIS FORM IS AN IMPORTANT LEGAL DOCUMENT. IT EXPLAINS THE RISKS YOU ARE ASSUMING BY PARTICIPATING IN PHYSICAL THERAPY AND DRY NEEDLING TREATMENT. THIS IS A LEGAL DOCUMENT IN WHICH YOU AGREE TO A FULL AND COMPLETE WAIVER OF ANY AND ALL CLAIMS AND LIABILITY AGAINST RECOVERY DRY NEEDLING AND PHYSICAL THERAPY, LLC. IT IS CRITICAL THAT YOU COMPLETELY READ AND UNDERSTAND THIS FORM BEFORE SIGNING. IF YOU DO NOT UNDERSTAND ALL OF THE FOLLOWING, PLEASE DO NOT SIGN IT UNTIL YOU HAVE OBTAINED THE ADVICE OF A FAMILY MEMBER OR ATTORNEY.

I understand that by signing the following Informed Consent & Waiver and Release of Liability Agreement, I accept full and complete risk and liability for any injury or harm that may occur while receiving Physical Therapy treatment from Recovery Dry Needling and Physical Therapy, LLC and release any claim for injury.

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge, understand, and agree as follows:

 (Please print your name)

1. Participation in a Physical Therapy program is voluntary. Physical Therapy and dry needling have many potential benefits including: decreased pain, improved strength, endurance, flexibility, posture, and balance, but Recovery Dry Needling and Physical Therapy, LLC does not guarantee or assure that I will receive any or some of these benefits. I will notify Recovery Dry Needling and Physical Therapy, LLC of the treatment I participate in, and I may withdraw from treatment at any time.

Initials: \_\_\_\_\_\_\_

2. There are inherent risks in participating in a Physical Therapy program which include but are not limited to: low blood sugar, general fatigue, syncope, changes in blood pressure, disorders of heart rhythm, increased or new onset soreness, sensitivity, or pain after mobilization, manipulation, stretching, or exercise, generalized fatigue, and overuse injury.

Initials: \_\_\_\_\_\_\_

3. There are inherent risks with dry needling treatment which include but are not limited to: increase in muscle soreness for up to two days, injury to a nerve, artery or vein which may lead to bruising, numbness and/or tingling, piercing of the lung tissue, and infection.

Initials: \_\_\_\_\_\_\_

4. Each person has a different capacity for participating in such activities. It is my obligation to inform Recover Dry Needling and Physical Therapy, LLC of any changes in my health status. I also understand that it is my obligation to stop therapy and notify Recovery Dry Needling and Physical Therapy, LLC immediately if I experience any symptoms such as fatigue, shortness of breath, nausea, lightheadedness, chest discomfort, or similar occurrence.

Initials: \_\_\_\_\_\_\_

5. I will notify Recovery Dry Needling and Physical Therapy, LLC should I have a bleeding disorder, take anti-coagulants

(blood thinners), have a pacemaker or defibrillator, have any implants (medical or cosmetic) or am pregnant. If any of these conditions arise during my treatment, I will notify Recovery Dry Needling and Physical Therapy, LLC immediately of the change in my 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 with Recovery Dry Needling and Physical Therapy, LLC.

Initials: \_\_\_\_\_\_\_

6. I hereby release and indemnify Daniel Baute and Recovery Dry Needling and Physical Therapy, LLC from any present or future responsibility or liability for any and all personal injury, economic damages, property damages, and/or wrongful death that is, or may be, caused by, or relate to, the Physical Therapy and/or dry needling I receive from Recovery Dry Needling and Physical Therapy, LLC.

Initials: \_\_\_\_\_\_\_

I acknowledge that I have read this Informed Consent & Waiver and Release of Liability document in its entirety and agree to be bound by all terms, conditions waivers and releases. I also acknowledge that the risks identified above are not the only risks in participation in Recovery Dry Needling and Physical Therapy, LLC.

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_

Date: ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Under 18 years of age:

Parent or Guardian Signature: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for choosing Recovery Dry Needling and Physical Therapy, LLC