

**Myofascial Pain Treatment Center, LLC**  
**203 Arlington Street**  
**Watertown, MA 02472**

**Trigger Point Dry Needling Treatment Consent Form**

I, \_\_\_\_\_, do hereby give my voluntary consent for the administration of trigger point dry needling. I have obtained a physician's order for this procedure.

Trigger point dry needling technique is a treatment used for the purpose of alleviating pain and improving posture and movement. It uses fine, solid filament needles with or without the application of electrical stimulation. This office uses sterile, single use, disposable needles and maintains a clean and safe environment. The needles are inserted through the skin into the underlying tissues and muscles at specific points known as myofascial trigger points. When a twitch response is obtained the trigger point is released. Manual therapy techniques are often incorporated into treatment. I understand that trigger point dry needling is not a form of acupuncture.

I have been informed that trigger point 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 or fainting. While the risk of trigger point dry needling is small, there have been very rare instances reported of pneumo-thorax or a collapsed lung. I understand that while this document describes the major risks of treatment, other side effects may occur. Alternative methods of treatment and their benefits and risks have been explained to me.

I will notify Erika Bourne, RN 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 the course of my treatment, I will make Erika Bourne, RN 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 Erika Bourne, RN at Myofascial Pain Treatment Center, LLC.

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 trigger point dry needling and have had an opportunity to ask questions.

Patient Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_