



HEALTHY CORE
WELLNESS & REHAB, LTD.

Integrative Dry Needling Health History and Consent Form

Name: _____ Phone#: _____ DOB: _____

Address: _____ City: _____ State: _____

Email: _____ (for appointment reminders)

Check box if you wish to receive newsletters on a variety of health topics

Occupation: _____

Primary Healthcare Provider: _____ Phone #: _____

Emergency Contact: _____ Phone #: _____

Integrative Dry Needling involves placing a microfilament needle into the tissue that is tender with the intent to normalize the physiology of the area and regain homeostasis. This will improve the function of the musculoskeletal and neuromuscular system, resulting in symptom reduction. Integrative Dry Needling is a valuable and evidence-based treatment for musculoskeletal pain.

Like any treatment, there are possible complications. While these complications are *rare* in occurrence, they are real and must be considered prior to giving consent to treatment.

Risks of the Procedure:

The most serious risk associated with Dry Needling is accidental puncture of the lung (pneumothorax). If this were to occur, it may likely only require a chest x-ray and no further treatment. The symptoms of shortness of breath may last for several days to weeks. A more severe lung puncture can require hospitalization and re-inflation of the lung. In skilled hands, this should not be a concern, as your therapist only needles into safe areas.

Other risks might include bruising, infection and nerve injury. Bruising is a common occurrence and should not be a concern unless you are taking a blood thinner. *As the needles are very small and do not have a cutting edge, the likelihood of any significant trauma from Dry Needling is small.* Please consult with your practitioner if you have any questions regarding the treatment.

Do you have any known disease or infection that can be transmitted through bodily fluids? (universal precautions are used and bleeding is unlikely).

YES _____ NO _____

Do you have a metal allergy? If yes, your therapist can use an alternative method or sample a small area for reaction.

YES _____ NO _____

I understand the risks involved with Integrative Dry Needling and consent to treatment. I understand that this is a wellness service provided by Healthy Core Wellness & Rehab, Ltd., and is not covered by my insurance for wellness/maintenance purposes.

Signature (Parent, if patient is a minor)

Date

MEDICAL HISTORY

General Health: Excellent Good Fair Poor

Have you had any Medical Problems or Hospitalizations in the past year? YES NO

If YES, please specify: 1. _____
2. _____

Have you had any Injuries or Accidents in the past year? YES NO

If YES, please specify: 1. _____
2. _____

Do you have any current symptoms or conditions? YES NO

If YES, please specify: 1. _____
2. _____

Surgical History: Procedure: _____ Date: _____
Procedure: _____ Date: _____
Procedure: _____ Date: _____

Prescription Medications: _____

Over the Counter Medications: _____

Tobacco Use? _____ Please specify: _____ packs per day; _____ years

Alcohol Use? _____ Please specify: amount per day, week or month _____

Caffeine Use? _____ Please specify: # caffeinated drinks per day: _____

Present/Past Medical Conditions (Please Circle):

Musculoskeletal

Arthritis	Y	N
Bone/Joint Disease	Y	N
Bursitis	Y	N
Broken/Fractured Bone	Y	N
Fibromyalgia	Y	N
Headaches	Y	N
Hernia		
Joint Replacement	Y	N
Low Back/Hip/Leg Pain	Y	N
Metal Implant	Y	N
Neck/Shoulder Pain	Y	N
Osteoporosis/Osteopenia	Y	N
Spasms/Cramps	Y	N
Tendonitis	Y	N
TMJ (Jaw Pain)	Y	N
Weakness	Y	N

Circulatory

Blood Clots	Y	N
Circulatory Disease	Y	N
Heart Attack	Y	N
Heart Disease	Y	N
High Blood Pressure	Y	N
Low Blood Pressure	Y	N
Shortness of Breath	Y	N

Respiratory

Allergies	Y	N
Asthma	Y	N
Emphysema	Y	N
Tuberculosis	Y	N
Other _____		

Digestive

Constipation	Y	N
Irritable Bowel Syndrome	Y	N
Nausea/Vomiting	Y	N
Other _____		

Neurological

Chronic Pain	Y	N
Epilepsy	Y	N
Fatigue	Y	N
Multiple Sclerosis	Y	N
Numbness/Tingling	Y	N
Sleep Disorders	Y	N
Stroke	Y	N
Other _____		

Genital/Urinary

Bladder	Y	N
Kidney	Y	N
Menstrual Cramps	Y	N
Prostate	Y	N
Other _____		

Other

Autoimmune Disease	Y	N
Cancer/Tumors	Y	N
Depression	Y	N
Diabetes	Y	N
Dizziness	Y	N
Drug/Alcohol Addiction	Y	N
Eating Disorder	Y	N
Hepatitis	Y	N
Night Pain	Y	N
Other _____		