



FUNCTIONAL DRY NEEDLING®

CONSENT, ADVANCED BENEFICIARY NOTICE, AND REQUEST FOR PROCEDURE

Functional Dry Needling® (FDN) involves inserting a tiny monofilament® needle in a muscle or muscles in order to create change in musculature. This can help resolve pain and muscle tension, and will promote healing. This is not traditional Chinese Acupuncture, but is instead a medical treatment that relies on a medical diagnosis to be effective. Your physical therapist has met requirements for competency in Functional Dry Needling® through Evidence in Motion® or another certified company. All training was in accordance with requirements dictated by this facility and by the U.S. state of this practitioner's licensure. FDN is a valuable and effective treatment for pain, but like any treatment, there are possible complications. While complications are rare, they are real and must be considered prior to giving consent for treatment.

- **Risks:** Although uncommon, the risks related to FDN are injury to a blood vessel, infection, or nerve injury. The most serious risk associated with FDN is accidental puncture of a lung (pneumothorax). However, this is extremely rare. If you have any questions, feel free to consult with your therapist.

Common (1%-10%) Symptoms

Needle Insertion Pain
Muscle Soreness
Fatigue
Bruising

Uncommon (.1%-1%)

Aggravation of Symptoms
Feeling Faint or Dizzy
Headache

Rare/Very Rare (.01%-1%)

Infection
Pneumothorax
Vasovagal Response
Fainting
GI Issue (nausea, vomiting)
Neurological Response
Emotional Response

Patient's Consent: I understand that no guarantee or assurance has been made as to the results of this procedure and that it may not cure my condition. My therapist has also discussed with me the probability of success of this procedure, as well as the possibility of serious side effects. Multiple treatment sessions may be required/needed, thus this consent will cover this treatment as well as consecutive treatments by this facility. I have read and fully understand this consent form and understand that I should not sign this form until all items, including my questions, have been explained or answered to my satisfaction. With my signature, I hereby consent to the performance of this procedure. I also consent to any measures necessary to correct complications, which may result.

Cost/Coverage: Dry needling is a procedure that is currently not covered by most insurance carriers. This serves as a notice that your insurance may not cover the cost of your FDN procedure. For this reason, GLPT charges a supply fee of \$20 per session. Your first session is free. Subsequent sessions will result in a \$20 supply charge each. I understand that this charge is my responsibility and agree to pay at time of service.

Please answer the following questions:

Are you pregnant? Yes No

Do you have any implants (breast, glute, calf, etc)? Yes No

Are you taking blood thinners? Yes No

Are you immunocompromised? Yes No

Procedure: I authorize my physical therapist from GLPT to perform FDN for my current diagnosis.

Patient Name: _____

Signature: _____ **Date:** _____

Patient, Parent, or Legal Guardian