**CHECKLIST AND WRITTEN CONSENT**

**Patient Education (Therapist to complete)**

1. **Benefits of trigger point dry needling**
2. **Procedure of needle insertion into the skin; single use, sterile, disposable needles**
3. **Possibility of transient symptoms eg Fatigue, aggravation of pain, bruising**
4. **Possibility of parasthesia if nerve is affected**
5. **If indicated; risk of more serious side-effects and procedure**
6. **Relevant medical conditions: pregnancy, poor peripheral circulation, increased infection risk groups, epilepsy, bleeding disorders.**
7. **Post treatment care: Heat/ice, stretches, movement.**

**Completed: …………………………………………….**

**I (Patient) understand the process and risks involved with dry needling. I consent to examination and dry needling by a 2hands Occupational Therapist as part of my treatment. Please note this consent will be considered valid for future episodes of dry needling at 2hands, unless otherwise stated.**

**Signature: …………………………………………….**

**Print name:…………………………………………….**

**Date: …………………………………………………..**

**Please place in patient’s file following treatment.**