

Case #: \_\_\_\_\_

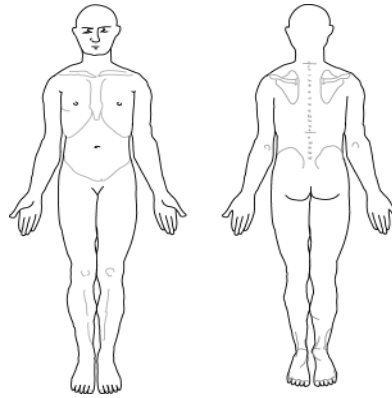
Date: \_\_\_\_\_

Revised 8/24/17

**Dry Needling Intake Form**

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_

Please Circle The Area of Concern:



**Emergency Contact Information**

Name of person to contact \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_

**Consent to Treatment**

"I understand that all care will be administered by a Physical Therapist certified in Dry Needling but waive physical therapy itself as a treatment. I understand that Dry Needling is not "physical therapy" in itself, and Arrowhead Physical Therapy recommends Dry Needling in conjunction with other physical therapy treatments. I understand that any information that I choose to withhold may adversely affect the treatment rendered, and Arrowhead Physical Therapy and its employees make no guarantee as to the results of the treatment rendered. I agree to participate in Dry Needling as an active participant and will be given the opportunity to ask any questions and/or express concerns related to my condition. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in this procedure. I acknowledge that my enrollment and subsequent participation is purely voluntary and is in no way mandated by Arrowhead Physical Therapy. I understand that it is my responsibility to consult with a physician prior to participating in Arrowhead Physical Therapy programs or before using the Arrowhead Physical Therapy facility and equipment."

"In consideration of my participation in this procedure, I hereby release Arrowhead Physical Therapy and its agents from any claims, demands, and causes of action as a result of my voluntary participation."

"I hereby release Arrowhead Physical Therapy and its agents from any liability now or in the future for conditions that I may obtain."

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

Client Name (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Client or Legal Representative: \_\_\_\_\_  
 Relationship to Client: \_\_\_\_\_