

Eschman Physical Therapy

Date: _____ Referring Doctor: _____

Patient Information

Last Name: _____ First: _____ M.I. _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____ Date of Birth: _____

Sex: M _____ F _____ Marital Status: M _____ S _____ D _____ W _____

Spouses Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Date of Injury: _____ Is this a Work Related injury? Yes _____ No _____

Is this an Auto Accident related injury? Yes _____ No _____

Attorney Name: _____ Phone: _____

Primary Insurance: _____

Secondary Insurance: _____

I hereby agree and give my consent to medical treatment in treating my physical condition. I authorize release of any medical information needed to process my claim. I understand that I am responsible for any charges that are not covered by my insurance carrier. Furthermore, I understand that I am responsible to inform the office of any changes that occur. I authorize release of payment directly to Eschman Physical Therapy, LLC. regardless of participation in or out-of-network. I understand a 24 hour notice should be given for cancellations.

Signature: _____ Date: _____

I acknowledge that I have seen the "Notice of Privacy Practices." I understand that I may ask questions about the "Notice of Privacy Practices" at any time.

Signature: _____ Date: _____

Eschman Physical Therapy

Trigger Point Dry Needling (TDN) Consent Form

Trigger Point Dry Needling involves placing a small needle into the muscle at the trigger point in order to cause the muscle to contract and then release, improving the flexibility of the muscle and therefore decreasing the symptoms.

TDN is a valuable 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:

Though unlikely, there are risks associated with this treatment. The most serious risk associated with TDN is accidental puncture of a 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. This is a rare complication and in skilled hands should not be a concern.

Other risks may include bruising, infection and nerve injury. Please notify your provider if you have any conditions that can be transferred by blood. 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 does not have a cutting edge, the likelihood of any significant tissue trauma from TDN is unlikely.

Please consult with your practitioner if you have any questions regarding the treatment above.

Do you have any known disease or infection that can be transmitted through bodily fluids? ___Yes ___No

Are you currently taking a blood thinner? ___Yes ___No

If you marked yes to either of the above, please discuss with your practitioner.

Please Print Your Name: _____

Signature: _____ Date: _____

I was offered a copy of this consent and refused.