Physiotherapy & Remedial massage therapy informed consent

It is part of our duty that all physiotherapists and other allied health practitioners inform you of any possible risks associated with professional treatment techniques utilised during a hands-on treatment session.

Some therapy techniques such as therapeutic massage, joint manipulations, traction/distraction or mobilisations have a minute risk of causing injury. Injury may be caused to structures including, but not limited to; nerves, bones, muscles, ligaments, intervertebral discs or arteries. The use of tape or massage mediums may cause irritations or allergic reactions on the skin of some individuals. Where possible, hypo- allergenic tapes and massage mediums will be used to further reduce the risk of this occurring. Superficial Dry Needling and the use of acupuncture needles, along with the aforementioned techniques can occasionally cause localised swelling, bruising, or transitory increased in the levels or distribution of pain or other symptoms.

I have read this form, understand the information it contains, and give CONSENT to receive treatment.

Signed	Da	ite	_/	_/
Superficial Dry Needling (SDN)				
SDN is a treatment method where individual, sterilised, n or tension in muscular and fascial tissue. Depending on w pain reduction, a reduction in local inflammation, increase	where the needles are inserted, this	method	l can assis	st in whole-body
Risks and side-effects of SDN				
While most side-effects of SDN are minor and extremely use fainting, infection, damage to viscera – lungs and other till localised swelling/burning/aching pain, convulsions.				
All our Physiotherapists hold post graduate training in the recommend superficial Dry Needling unless in their profe benefits and risks of SDN can be discussed further during	ssional opinion it would provide a			
In order to make efficient use of your treatment time with receive Superficial Dry Needling (SDN), unless you object		_	n the belo	ow Consent to
This does not mean that you will receive SDN. It will, however Physiotherapist and you both agree that this form of treatment			orm of tred	ntment should your
I				(full name)
CONSENT to undergoing Superficial Dry Needling (SD) practitioner. I have read and understand the above inf	•	-		O

CITY PHYSIOTHERAPY AND SPORTS INJURY CLINIC

reasons. Once you have given consent, you may withdraw that consent at any time.

section to the best of my knowledge.

You may choose to consent or refuse any form of treatment including SDN for any reason including religious or personal