

INFORMED CONSENT TO REMEDIAL MASSAGE AND DRY NEEDLING TREATMENT

Please read this document carefully and feel free to ask any questions before signing it. This document is designed to inform you of the possible risks and adverse reactions to Remedial Massage Therapy (RMT) and Dry Needling Treatment (DNT). It is your right to know this information in order for you to give informed consent to your treating practitioner.

What are the possible risks & adverse reactions to RMT and DNT?

The possible risks and adverse reactions to RMT include but are not limited to pain, bruising, burn (heat pack), drowsiness, aromatic interaction or response, fainting and aggravation of your condition.

DNT is a safe treatment option; serious side effects are rare with an incidence of 1 in 10,000 treatments.

The possible risks and adverse reactions to DNT include but are not limited to temporary pain, nerve injuries, bleeding (3%), bruising, swelling, infection and nerve shock, nausea, drowsiness, increased symptoms, fainting & local skin inflammation.

Other more serious but rare events include injury to the heart or lung (cardiac tamponade & pneumothorax), deep venous thrombosis, blood vessel occlusion, brain stem injury, septic arthritis and abscess.

What are the procedures I have implemented to reduce the above risks?

Full & Complete Case History & Examination

I will always take a thorough case history that covers your presenting complaint, past history and medical history. I will also carry out a thorough examination to determine the nature of your complaint as well as reduce any risk factors.

RMT & DNT - Training

I am fully qualified to provide patients with RMT & DMT & have satisfied the requirements of the training programs I undertook in order to provide this treatment.

DNT - Safety Protocol

- If DNT is indicated, prior verbal permission will be obtained.
- All DNT needles are single use only, sterile and of the highest quality possible.
- I will ensure I meet strict clinic hygiene requirements before applying DNT

Patient rights to privacy & modesty

It is always my intention to respect your right to privacy and to protect your modesty during treatment. As part of the examination & treatment process you will be required to remove some of your clothing. This is in order for me to determine the nature of your symptoms and to be able to effectively treat you. I will always endeavour to minimise the amount of clothing you will be asked to remove & cover those areas that are not being treated directly.

Treatment of Patients Under 18 years of age

It is the policy of the clinic that any patient under the age of 18 must have their parent or legal guardian present during their child's initial consultation. It is strongly recommended that a parent or legal guardian should attend all subsequent appointments. In the case where a parent/legal guardian is unable to attend a child's initial consultation, we will ask the parent/ legal guardian to sign this consent form prior to their child's appointment.

Patient Consent

I hereby request and consent to the performance of treatment on me by the treating practitioner. I do not expect, unless asked, the treating practitioner to be able to anticipate and explain all risks and complications, and I wish to rely on the practitioner to exercise judgement during the course of the treatment, which they feel at the time, based upon the facts then known, is in my best interests.

I intend this consent form to cover the entire course of treatment for my present condition, and for any other future condition(s) for which I seek treatment. I understand that I can withdraw my consent at any time.

Signing this form does not remove my rights to withdraw from any treatment option my practitioner may offer now or in the future

Patient/Parent/Guardian Name

Patient/Parent/Guardian Signature

Date