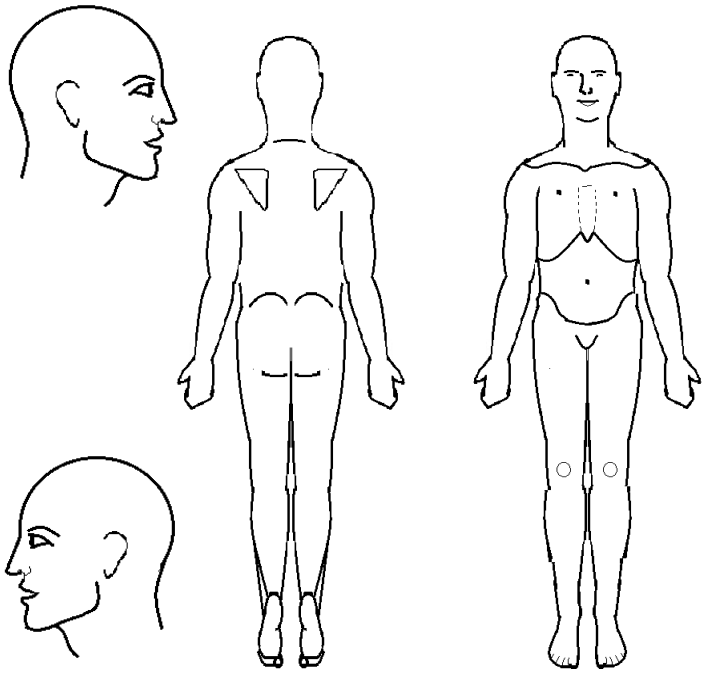
PHYSILIFE DRY NEEDLING ASSESSMENT FORM

PATIENT: ..... AGE/SEX ..... DATE .....

ADDRESS/PH NO. .....THERAPIST.....



I.AIM OF NEEDLING

◯ A. Analgesia ◯ B. Healing ◯ C. Trigger point

D. Other (specify).....

II. PATIENT INTERVIEW

A. Prior experience with DN ◯ 1. No ◯ 2. Yes: i. When .....

ii. Reason for past DN..... Iii. Response .....

III. Contraindications ◯ A. **None** ◯ B. **Present (tick the appropriate ones)**

◯ 1. No Consent/Unwilling..... ◯ 2. H/O reaction to DN.....

◯ 3. Anticoagulant therapy..... ◯ 4. Bleeding disorder.....

◯ 5. Systemic /Local infection..... ◯ 6. Fever .....

◯ 7. Diabetes ..... ◯ 8. Immunodefi/suppressant .....

◯ 8. Pregnancy..... ◯ 9. Lymphedema ◯ 10. Paraesthesia

◯ 11. Open wound ◯ 12. Altered skin texture ◯ 13. Hematoma

◯ 14. Osteosynthesis ◯ 15. Joint Replacement ◯ 16. Implants

◯ 17. Pacemaker ◯ 18. Metal allergy ◯ 19. COPD

◯ 20. Epilepsy ◯ 21. Valvular disorder ◯ 22. Frail patient

23. Other .....

IV. Precautions Taken

A. Physician's opinion.....B. INR/BT-CT .....

C. Other .....

V. EDUCATE/INFORM: A. Purpose B. Technique C. benefits D. equipments E. exposure F. Expected sensations G. reactions H. Potential adverse effects I. Right to stop at any point of time J. Gen activity guideline after needling K. Identification of adverse effects (eg pneumothorax) L. What to do if adverse effects appear

VI. FIT FOR NEEDLING? ◯ A. **NO** ◯ B. **YES (Given consent)**

VII. STRUCTURE/AREA	IX. PRE PAIN/ SYMP	X. LOCAL PRECAUTIONS/ VULNERABLE STRUCTURES	XI.PATIENT POSITION	XII.TECHNIQUE	XIII. NEEDLES SIZE & NO	XIV. DURA TION	XV. POST PAIN/SYMP

TECHNIQUES: SDN/DDN, Depth (Appx % of needle in), ∠ towards degrees, ∠away from degrees, Manipulation: PP (Periosteal peck), Pist (Pistoning), R(Rotation)

Adverse incidents during needling ◯ Nil ◯ Major ◯ Minor .....

ACTIONS TAKEN .....