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Today's date: \_\_\_\_\_

Name: \_\_\_\_\_ email: \_\_\_\_\_

Address (if changed) \_\_\_\_\_

Best Phone #: \_\_\_\_\_ cell home work

Has your insurance changed? YES NO

New Insurance Carrier Name: \_\_\_\_\_

(Please allow the Front Office Manager to copy your new insurance card)

### CURRENT HISTORY

Specifically, what is your present problem or complaint? \_\_\_\_\_

When did this current episode begin?

Date of injury/onset: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of surgery: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Referring Physician or

Surgeon: \_\_\_\_\_

What caused the current condition? Accident Overuse Sports Injury Surgery Unknown Work Other

Rate the intensity of your pain: **B** = at its best **W** = at its worse **A** = average  
(for example, if on your best days your pain level is a 2, write the letter "B" on the 2 on the scale below)

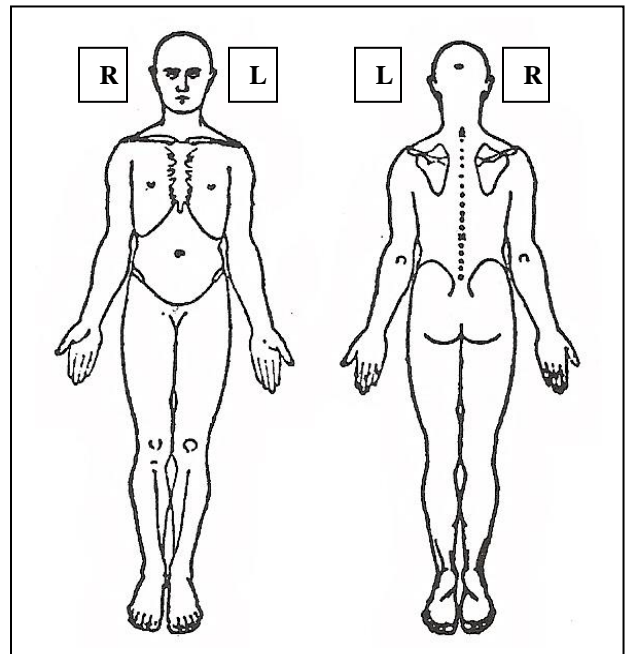
(no pain) 0 1 2 3 4 5 6 7 8 9 10 (worst imaginable pain)

Is your pain: Constant or does it Come and go

Is your pain getting: Better Worse Not changing

On the diagram to the right;  
Please indicate where you have pain:

- a. Circle - areas of pain
- b. XX - areas of numbness/tingling
- c. /// - areas of muscle tightness/soreness



What position or activity eases your pain the most? \_\_\_\_\_

\_\_\_\_\_

What position or activity aggravates your pain the most?

\_\_\_\_\_

\_\_\_\_\_

Current Activity level: 0% = bedridden 100% = able to perform all pre-injury activities

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

How is your general health? Poor Fair Good Excellent

What is your current stress level? Low Average High

Are you currently or have you recently taken any of the following medications? Antibiotics Antiinflammatories

Blood Thinners Heart Meds Muscle Relaxants Pain Killers Steroids (cortisone) Other

\_\_\_\_\_

\_\_\_\_\_

Is there any chance you may be pregnant at this time? Yes No

Since the onset of this problem, have you had any of the following interventions?

Surgery MRI CT Scan X-Rays Injections Nerve Blocks Bone Scan Blood Tests Massage

Chiropractic Physical Therapy Acupuncture Other

Please describe: \_\_\_\_\_

\_\_\_\_\_

**PACE WEST PHYSICAL THERAPY**  
**CONSENT AND RELEASE FOR TRIGGER POINT DRY NEEDLING PROCEDURE (TDN)**

This form is a consent form and general release of medical liability for the TDN procedure. By signing this form, you are agreeing not to hold Pace West Physical Therapy or its staff liable for any complications that may arise from the usual application of this procedure. Prior to receiving TDN you will be “verbally consented.” This means you will be asked if you want to proceed. If you state “yes,” you will not be asked to sign this form again. This form will be kept on file. You may request a copy of this consent form for your records.

**DESCRIPTION OF PROCEDURE:** During treatment for many of our patients, we commonly use a technique referred to as **Trigger Point Dry Needling (TDN)**. In many cases, TDN can be helpful in resolving sub-acute and chronic pain. TDN may be very effective for your medical condition.

TDN involves placing a tiny acupuncture needle into the muscle in order to release shortened bands of muscle and decrease trigger point activity. This can help resolve pain, release muscle tension, and promote healing. This is **not** traditional Chinese Acupuncture, but instead a medical treatment that relies on a medical diagnosis to be effective. All Physical Therapists at Pace West Physical Therapy have met the requirements for Level I and Level II TDN training and have years of experience in performing the procedure.

**RISKS OF PROCEDURE:** While complications from receiving TDN are rare in occurrence, they are real and must be considered prior to giving consent for treatment. The most serious risk associated with TDN is accidental puncture of a lung (pneumothorax). If this were to occur, it may likely 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 puncture can require hospitalization and re-inflation of the lung. This is a rare complication, and in skilled hands it should not be a major concern. Other risks include injury to a blood vessel causing a bruise, infection and or nerve injury. Bruising is a common occurrence and should not be a concern unless you are taking a blood thinner. *Additional possible complications include possible increased pain or other symptoms.* As the needles are very small and do not have a cutting edge, the likelihood of any significant trauma from TDN is minimal.

**CHARGES FOR TRIGGER POINT DRY NEEDLING:** TDN is a procedure which requires additional equipment, expertise, and liability, and in most cases is NOT covered by health insurance. The fee for the procedure is **\$25.00 per session**. This fee is in addition to your per visit copayment, coinsurance or deductible. There is no additional charge for TDN if you are not using health insurance coverage, and are paying out of pocket. If your care is covered by an auto accident or liability claim, TDN will be billed to your liability insurance carrier.

Name of Patient: \_\_\_\_\_

Signature of Patient or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Telehealth Liability Waiver**

I represent and attest that I am in good health and additionally, that I am not currently under medical care for any condition that may prevent me from receiving therapy services from Pace West Physical Therapy. By signing below I hereby acknowledge that I consent to treatment with employees from Pace West Physical Therapy

I expressly agree and understand that all activities associated with any therapy services that are provided to me shall be done so at my own risk. Pace West Physical Therapy, its owners, agents, and employees shall not be liable for any claims, demands, injuries, damages, actions or causes of action made by any person due to injury to any person or damage to any property resulting from my participation in the activities associated with the therapy services that are provided to me by Pace West Physical Therapy.

I hereby release, discharge and hold harmless, Pace West Physical Therapy, its owners, agents, and employees from any claims, demands, actions or causes of action made by any person due to injury to any person or damage to any property resulting from my participation in the activities associated with the therapy services that are provided to me by Pace West Physical Therapy.

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Client/Participant Signature Date

I am the parent or legal guardian of \_\_\_\_\_ and am registering my child/ward to participate in therapy services provided by Pace West Physical Therapy. I have reviewed this Agreement and am voluntarily signing it on behalf of my child/ward in my capacity as parent or legal guardian. By signing below, I am agreeing on behalf of my child/ward to be bound along with my child/ward by all terms and conditions of this Agreement as set forth above.

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Parent/Guardian Signature Date