Fysiomanager number: ……..
(To be filled out by physiotherapist)

BFYSIC Fysiotherapie & Ergotherapie
Zorg in beweging

Declaration regarding EPTE® and Dry Needling treatment

With this form, I .....[name],

born on ..…-…….-……declare that::

☐ I agree with my physiotherapeutic treatment plan, as established in consultation with me by the physiotherapist on … - … - ……, incorporating EPTE® or Dry Needling.

☐ I have been informed that complications may occur, including but not limited to:

- Infections
- Bleeding/bruising
- Temporary increase in pain due to nerve stimulation
- Fatigue/weakness/fainting
- Vegetative symptoms such as sweating and nausea
- Temporary worsening of symptoms
- Pneumothorax or puncture of another organ leading to complications.

☐ Furthermore, I declare that none of the following conditions apply:

- Pregnancy
- Pacemaker
- Bleeding disorders
- Local infections and/or systemic infections
- Joint surgery in the treated region
- Artificial heart valve
- Weakened immune system
- Gland resection, edema
- Tumors (or treatment with chemotherapy and/or radiation)
- Skin or metal allergies
- Extreme fear of needles
- Brain stimulator
- Implanted metals in the skull
- Patients with open skull
- Children under 14 years old

Date: Signature:

…… ..……

Fysiomanager number: ……..
(To be filled out by physiotherapist)

Additional information

EPTE® or Dry Needling therapy is a (para)medical treatment involving the insertion of special, sterilized, fine needles at specific locations in the body with the aim of relieving pain and improving mobility and function. In the case of EPTE® combined with electro- or neurostimulation, a mild electrical current is used, often guided by ultrasound.