



BODY RESET SYSTEM
BRENDA SHAEFFER, DPT

PATIENT DATA AND HEALTH QUESTIONNAIRE

Name: _____ Date of Birth: ____/____/____

Address: _____

Phone #: _____ Text reminders/communication ok? YES NO

Email: _____ Occupation: _____

Treating Physician: _____ Referred By: _____

List the reason for this visit in order of importance:

1. _____ Date of Onset: _____

2. _____ Date of Onset: _____

3. _____ Date of Onset: _____

For each reason, briefly describe how each issue began, if it's recurring, or if it is getting better, worse, or unchanged since it started.

1. _____

2. _____

3. _____

What activities/treatments/positions decrease your pain or problems?

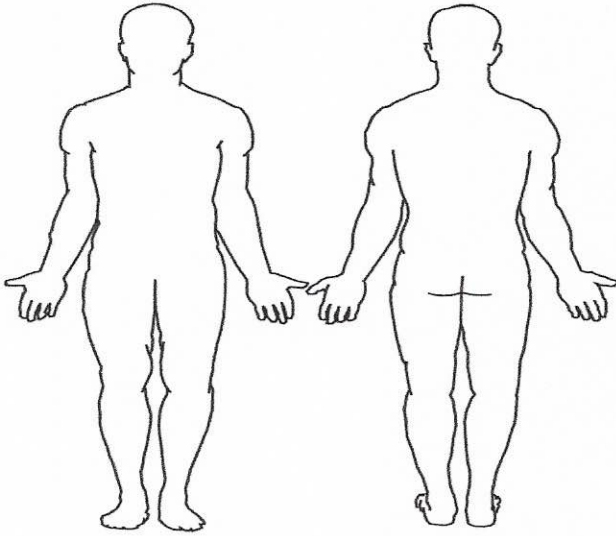
What activities/treatments/positions increase your pain or problems?



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Mark on the diagram each area where you are experiencing symptoms. Use the key to indicate which type of symptom. Then mark pain level (0-10) at site of symptom.

- Deep Ache = ZZZZZ
- Sharp Stabbing=
- Pins and Needles= OOOO
- Burning= XXXXX
- Throbbing = +++++

What have you tried to try to solve this problem (health/fitness professionals, techniques, equipment, procedures, etc)? Please list specific names, what they did, and approximate dates. What works?

What didn't work? Attach more paper if necessary.

List dates and results of diagnostic testing (xrays, MRIs, CT scans). Bring copies of imaging reports.

List medications/products, including over the counter, you're using for pain and frequency:



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Any other medical history (specialists, surgeries, conditions, etc) not related to this problem?

Do you use vision correction? NO YES If yes, for what? _____

Hearing loss? ____ Hand Dominance: RIGHT LEFT Do you wear custom shoe orthotic? YES NO

Are you responsible for taking care of others at work or at home? If so, who? _____

Average time spent in car per day: _____ Average time sitting: _____

Average time spent at a computer: _____ Do you exercise: _____

Describe your typical daily activity routine. Include work and exercise and where (home/gym):

Highest level of competition you ever participated in (sport and position): _____

Please provide us with any other information that will help us improve your care and help find your solution? _____



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In case of emergency, please contact:

Name: _____ Relation: _____ Phone #: _____

Please read and initial each policy.

CANCELLATION POLICY:

Please provide 24 hours notice for all cancelled appointments. All cancellations without proper notice are subject to a \$50 cancellation fee. _____

OUT OF NETWORK PROVIDER ACKNOWLEDGEMENT

Brenda Shaeffer Physical Therapy is an out of network provider and therefore does not participate with insurance companies. It is the responsibility of patients interested in seeking care from Brenda Shaeffer Physical Therapy to ascertain their outpatient physical therapy benefits prior to receiving treatment. Brenda Shaeffer Physical Therapy will provide every patient with an itemized receipt upon request that can be submitted to your insurance company for reimbursement provided that you have out of network benefits, have met the deductible that corresponds with your plan, and have not exceeded your benefits for the calendar year set forth by your insurance provider. _____

PAYMENT AND SERVICES RENDERED

Patients receiving physical therapy at Brenda Shaeffer Physical Therapy are expected to pay at the conclusion of each individual treatment session. Cash, check, and charge (no AMEX) are all accepted.

Typical Visit Charges:

Initial evaluation: \$185 _____

Follow up visits: \$80-\$135



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INTRAMUSCULAR MANUAL THERAPY AKA TRIGGER POINT DRY NEEDLING (TDN) CONSENT FORM

IMT / TDN involves placing a small needle into the muscle at the trigger point which is typically in an area which the muscle is tight and may be tender with the intent of causing the muscle to contract and then release, improving the flexibility of the muscle and therefore decreasing the symptoms. The performing therapist will not stimulate any distal or auricular points during the dry needling treatment.

IMT / TDN is a valuable treatment for musculoskeletal related pain such as soft tissue and joint pain, as well as to increase muscle performance. Like any treatment there are possible complications. While these complications are rare in occurrence, it is recommended you read through the possible risks prior to giving consent to treatment.

RISKS OF THE PROCEDURE:

Though unlikely there are risks associated with this treatment. The most serious risk associated with TDN is accidental puncture of a lung (pneumothorax). If this were to occur, it may likely only require a chest x-ray and no further treatment as it can resolve on its own. The symptoms of pain and shortness of breath may last for several days to weeks. A more severe lung puncture can require hospitalization and re-inflation of the lung. This is a rare complication and in skilled hands should not be a concern. If you feel any related symptoms, immediately contact your IMT / TDN provider. If a pneumo is suspected you should seek medical attention from your physician or if necessary go to the emergency room.

Other risks may include bruising, infection and nerve injury. Please notify your provider if you have any conditions that can be transferred by blood, require blood anticoagulants or any other conditions than may have an adverse effect to needle punctures. Bruising is a common occurrence and should not be a concern unless you are taking a blood thinner. As the needles are very small and do not have a cutting edge, the likelihood of any significant tissue trauma from IMT / TDN is unlikely. Please consult with your practitioner if you have any questions regarding the treatment above.

I, _____, understand the risks and consent to receive Intramuscular Trigger Point Dry Needling (TDN) at the discretion of Brenda Shaeffer, DPT.

Signature: _____ Date: _____



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WHAT TO EXPECT AFTER RECEIVING TRIGGER POINT DRY NEEDLING (TDN)

How will I feel after a session of TDN?

- You may feel sore immediately after treatment in the area of the body you were treated, this is normal but does not always occur. It can also take a few hours or the next day before you feel soreness. The soreness may vary depending on the area of the body that was treated as well as varies person to person, but typically it feels like you had an intense workout at the gym. Soreness typically lasts 24-48 hours. If soreness continues beyond this please contact your provider. It is common to have bruising after treatment; some areas are more likely than others. Some common areas are shoulders, base of neck, head and face, arms and legs. Large bruising rarely occurs, but can. Use ice to help decrease the bruising and if you feel concern please call your provider.
- It is common to feel tired, nauseous, emotional, giggly or "loopy", and/or somewhat "out of it" after treatment. This is a normal response that can last up to an hour or two after treatment. If this lasts beyond a day contact your provider as a precaution.
- There are times when treatment may actually make your typical symptoms worse. This is normal. If this continues past the 24 hour – 48 hour window, keep note of it, as this is helpful information and your provider will then adjust your treatment plan based on your report if needed. This does not mean TDN cannot help your condition.

What should I do after treatment, what can I do, and what should I avoid?

- It is highly recommended that you increase your water intake for the next 24 hours after treatment to help avoid soreness.
- It is recommended that you soak in a hot bath or hot tub to help avoid post treatment soreness.

After treatment you may do the following based on your comfort level, if it hurts or exacerbates your symptoms then stop:

- Work out and/or stretch
- Massage the area
- Use a heating pad
- Avoid ice unless you are icing a bruise, heat is better for muscle soreness.
- Drink alcohol, but it is recommended you do not do so excessively.
- Take Tylenol, Ibuprofen/Motrin, aspirin etc. is ok

If you are feeling light headed, having difficulty breathing, having chest pain or any other concerning symptoms after treatment CALL us immediately. If you are unable to get a hold of us, call your physician.