

Dry Needling Trigger Point Chart

Patient Information:

Name: _____

Date of Birth: _____

Appointment Date: _____

Contact Information: _____

Medical History & Relevant Conditions:

Recent surgeries: _____

Known allergies: _____

Current medications: _____

Previous dry-needling experiences: _____

Other pertinent medical information: _____

Assessment Findings:

Pain Area: _____

Pain Intensity (1-10 scale): _____

Restricted Movement Areas: _____

Identified Trigger Points: (Reference from Dry Needling Trigger Point Chart)

1.

2.

(Add more as needed)

Treatment Plan:

Number of sessions recommended: _____

Frequency of sessions: _____

Additional therapeutic interventions (if any): _____

Post-treatment Observations:

Patient feedback: _____

Observed immediate results: _____

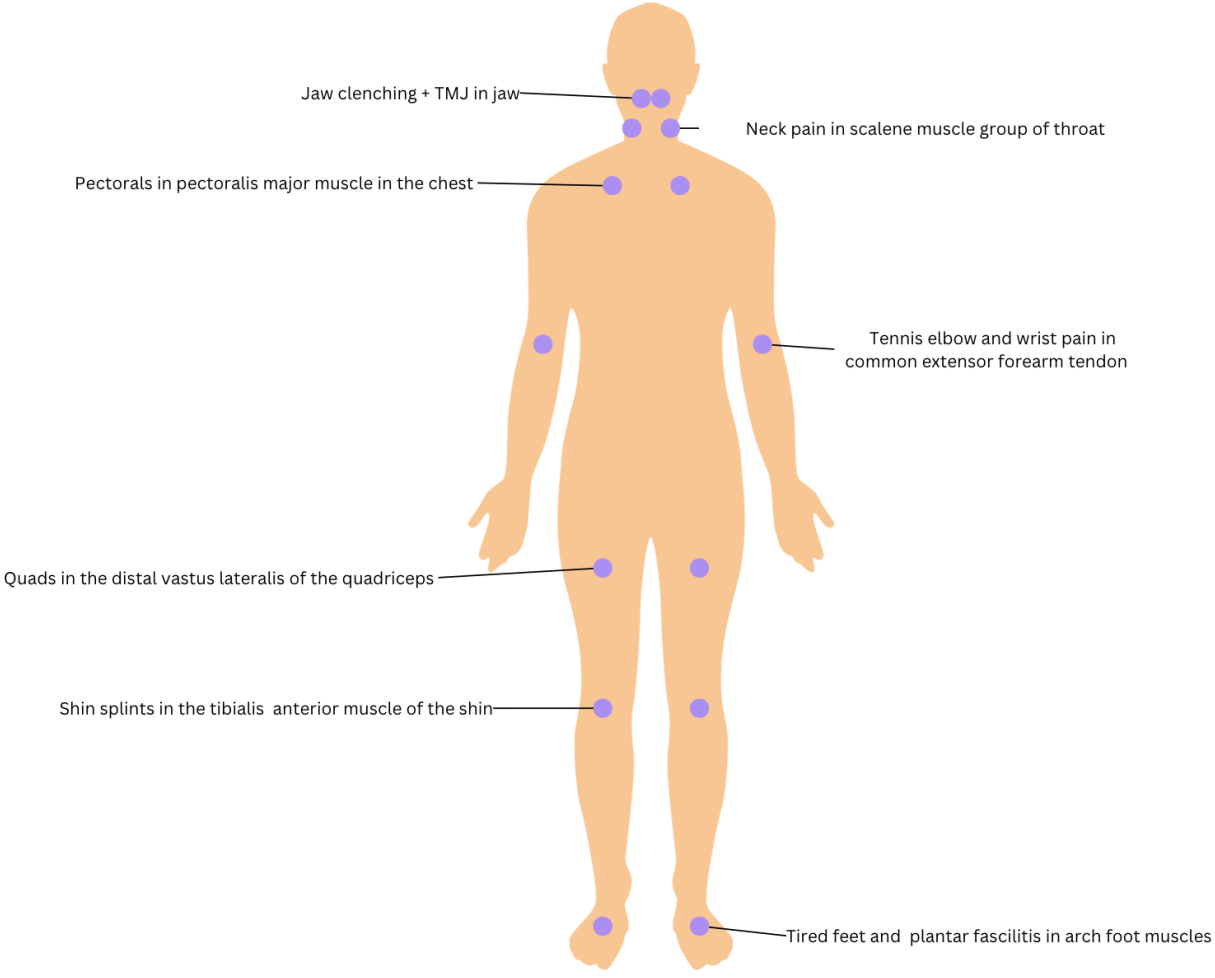
Home care recommendations: _____

Next Appointment:

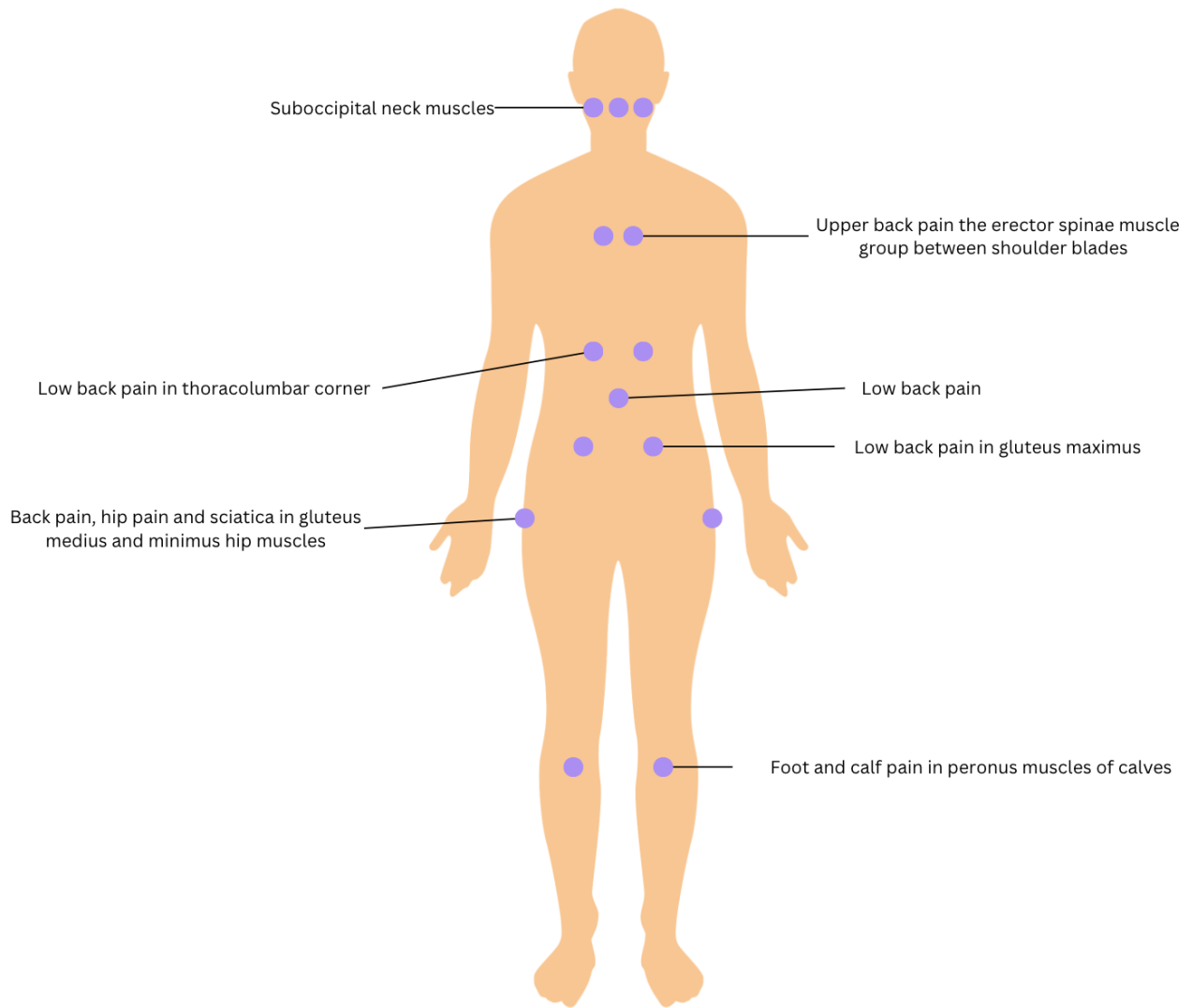
Date & Time: _____

Focus Areas for Next Session: _____

Trigger Point Diagrams



Notes



Notes

When paired with the Dry Needling Trigger Point Chart, this template will ensure that practitioners have a holistic view of the patient's needs and the treatment administered. It also facilitates clear communication and record-keeping, enhancing overall patient care.