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:

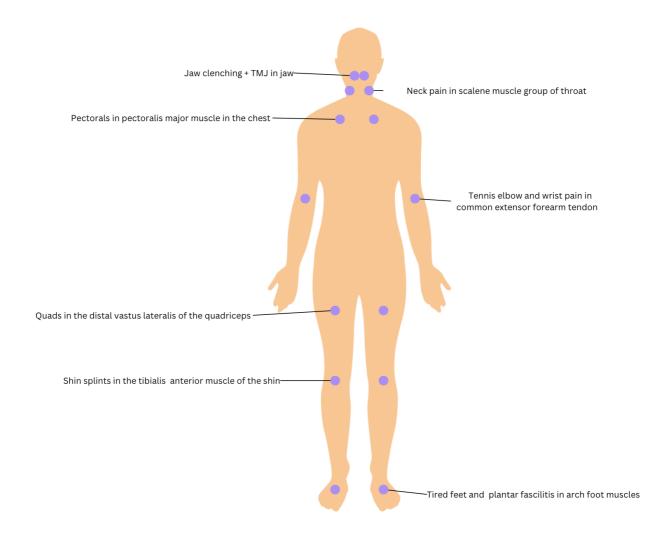
Home care recommendations: _____

Next Appointment:

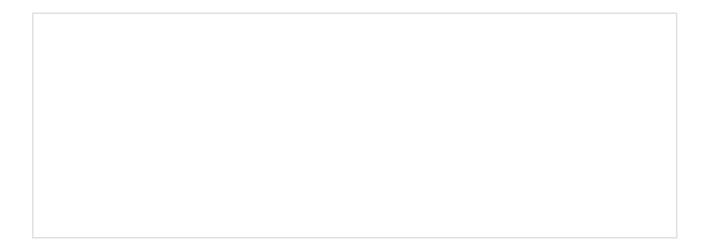
Date & Time: _____

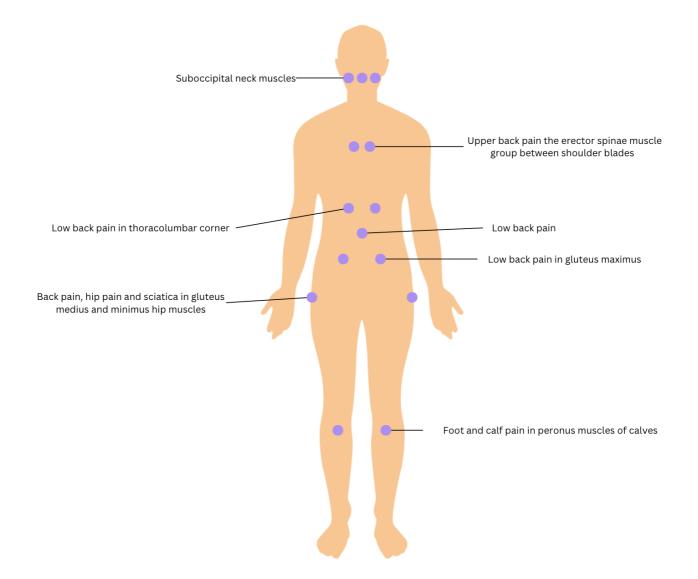
Focus Areas for Next Session: _____

Trigger Point Diagrams

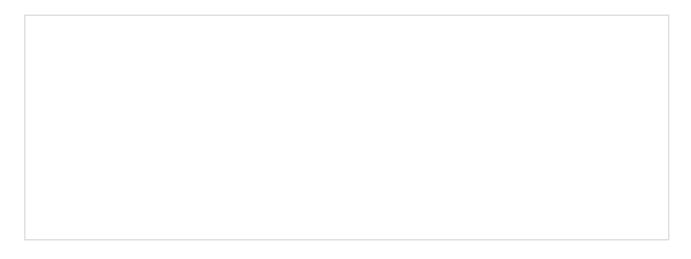


Notes





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.