

INTAKE FORM

Date: _____

First Name: _____ Last Name: _____

Home Phone #: _____ Cell #: _____

Email: _____

Name of family doctor: _____

How did you hear about us? _____

Pain Questionnaire

1. What is the reason you are being seen today?

2. How long have you had this pain? _____

3. What is the percentage of the day you experience this pain:

0-25% 26-50% 51-75% 76-100%

4. On a scale from 1-10, rate how bad is your pain (*0 = no pain and 10 = worst imaginable pain*): _____

5. What makes your pain feel better? _____

6. What makes your pain feel worse? _____

7. What other treatments have you tried?

Physiotherapy Massage Chiropractic Acupuncture Medication

CONSENT FORM

8. Do you currently have a claim open with ICBC? If yes, you may be eligible for active rehab treatments funded by ICBC. *Yes* *No* Claim # _____

TRIGGER POINT THERAPY CONSENT FORM

Trigger Point Injections (TPI) are used to treat muscle pain caused by trigger points, which are tight, tender knots or bands that can form in overused or injured muscles. These points may be painful to touch, cause referred pain, or twitch when pressed.

Trigger Point Injection involves the use of fine, sterile, single-use needles to inject a local anesthetic (lidocaine and/or dextrose) directly into the affected muscle. This treatment helps reduce muscle-related pain, increase range of motion, and improve function.

Common risks include:

- Bruising or swelling
- Temporary increase in pain (usually resolves within 24 hours)
- Infection

Rare but serious risks include:

- Nerve irritation causing temporary numbness
- Pneumothorax (collapsed lung) if injection is near the chest wall (seek emergency care if shortness of breath occurs)

Before treatment:

- Avoid alcohol/sedatives 4 hours prior
- Take any prescribed medication as directed
- Wear loose, dark clothing – Minor bleeding may occur and could stain light or tight clothing.

After treatment:

- Rest for 2 hours
- Avoid strenuous activity for 24–48 hours
- Take pain medication as advised

Please inform your provider if you have allergies, are pregnant, use blood thinners, have a pacemaker, or have any blood disorders or infectious diseases (e.g., HIV, hepatitis).

By signing below, I confirm that I understand the procedure, its risks, and benefits. I consent to this and future trigger point treatments at this clinic.

Trigger Point Injections are covered by MSP and have no direct cost to the patient.

Date: _____

Signature: _____