

The Acupuncture Association of Colorado would like to document the experience of patients with an acupuncture technique performed by Physical Therapists and other Western medical practitioners named dry needling. It is not our intent to file a complaint against practitioners, but only to document what practitioners are actually doing, how they are billing, and what adverse effects (if any) are being experienced to assist them in assessing training.

Thank you for taking the time to detail your experience with PT Dry Needling. Please return this form to The Acupuncture Association of Colorado, 4380 Harlan Suite 203, Wheat Ridge, CO 80033, or attach it in an email to info@acucol.com.

Your name _____

Address (Street, City, State, Zip) _____

Phone number _____

Email _____

Clinic location where you had the dry needling (city): _____

Name of practitioner (optional): _____

What was the condition for which you sought care? _____

Did the PT give you a disclosure that detailed the hours of education they had in the technique?

Yes

No

Can't recall

Did the PT needle more than myofascial trigger points?

Yes

No

If yes, generally describe where additional needles were inserted:

Did the PT needle apply electric stimulation to the needles?

Yes

No

What was the result of treatment?

Has your insurance ever denied payment for acupuncture?

Did your insurance pay for dry needling?

Can you attach a copy of the billing statement or list the insurance billing codes for the procedure?

Date submitted: _____