

# Dry Needling Trigger Point Chart

## Patient information

Name:

Date of birth:

Gender:      Male      Female      Other:

Appointment date:

Contact information:

## Medical history & relevant conditions

Recent surgeries:

Known allergies:

Current medications:

Previous dry-needling experiences:

Other important medical information:

## Assessment findings

Pain location:

Pain intensity (1-10 scale):

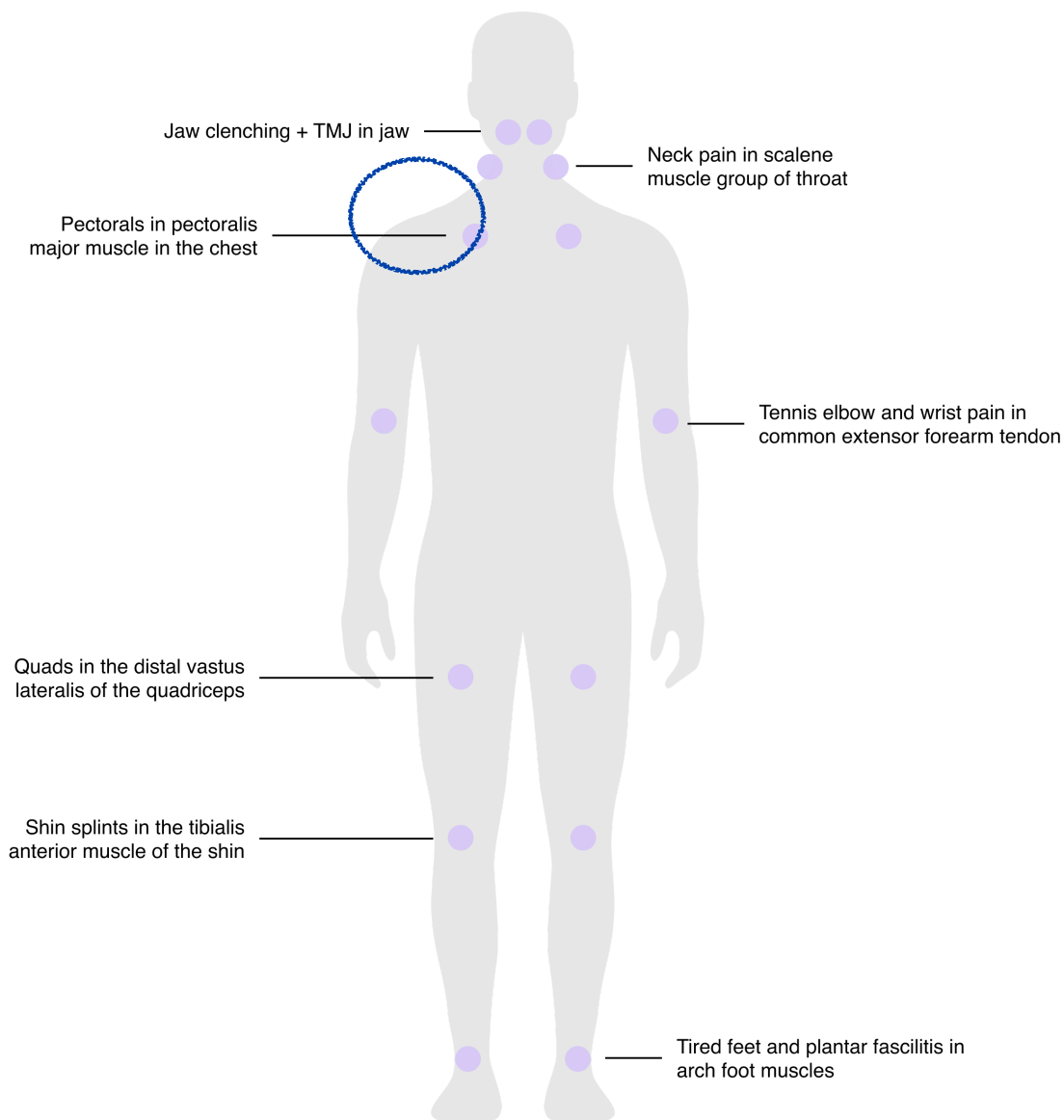
1      2      3      4      5      6      7      8      9      10

Restricted movement areas:

Identified trigger points:

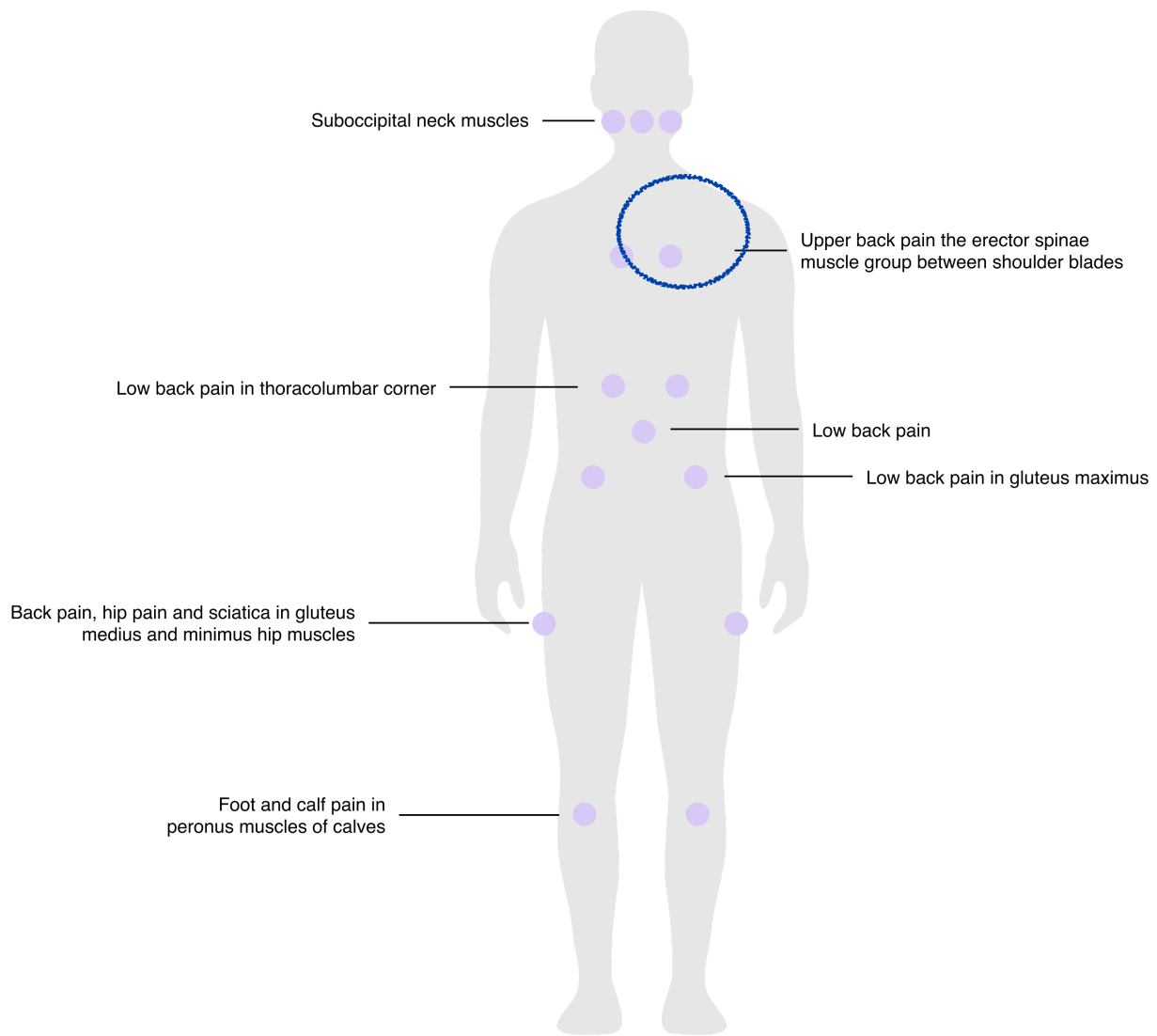
*(Reference from Dry Needling Trigger Point Chart)*

### Trigger point diagram - front



Notes:

## Trigger point chart - back



Notes: