

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):

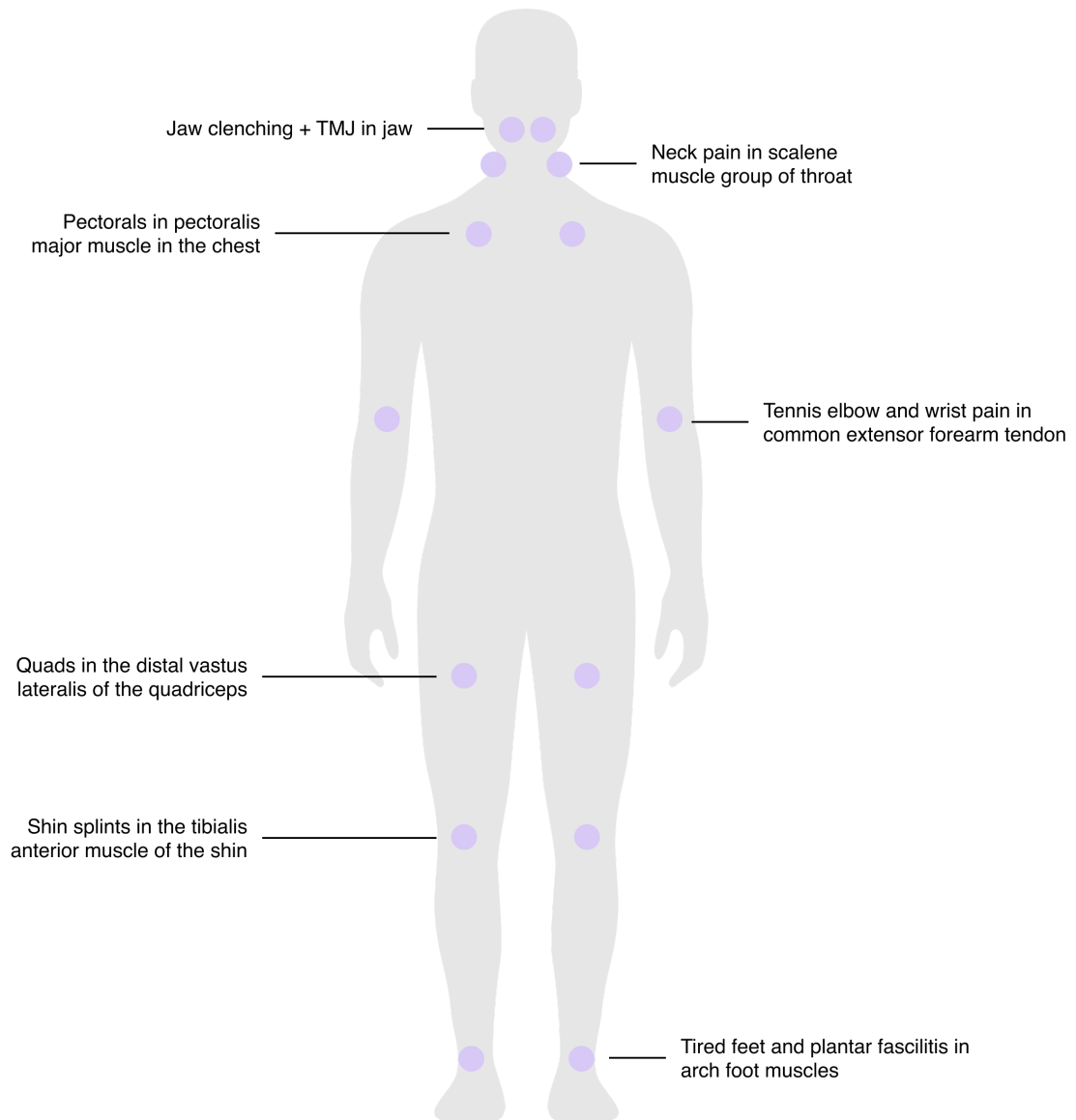
1 2 3 4 5 6 7 8 9 10

Restricted movement areas:

Identified trigger points:

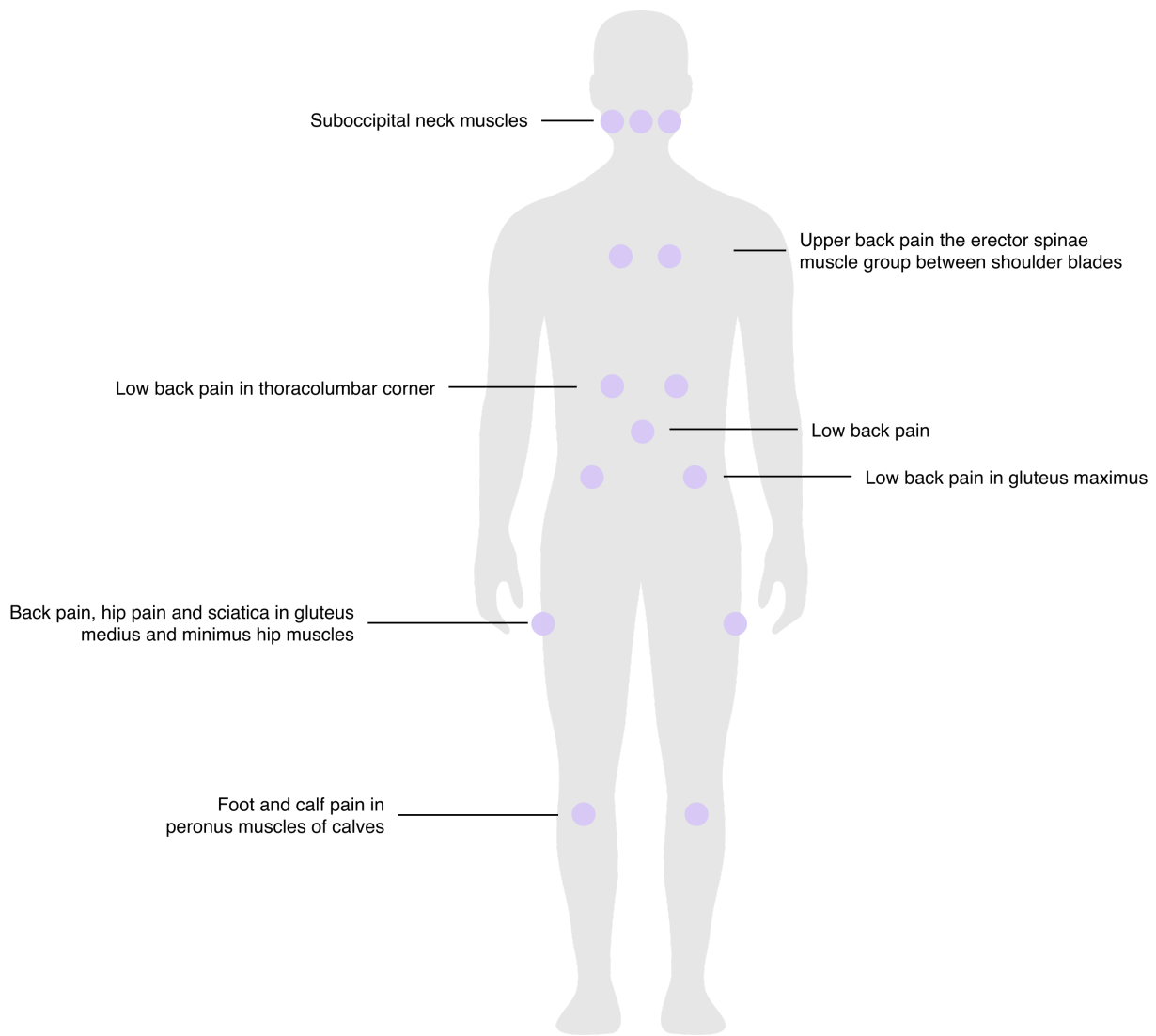
(Reference from Dry Needling Trigger Point Chart)

Trigger point diagram - front



Notes:

Trigger point chart - back



Notes: