

PLEASE PRINT LEGIBLY

Patient Name _____

Patient, please complete the following questions regarding how you feel today and in the past week.

1. How do you feel today?

Circle your pain level today.

No Pain 0 1 2 3 4 5 6 7 8 9 10 Unbearable

In the past week, how often have your symptoms been present?

☐ 0-25% ☐ 26-50% ☐ 51-75% ☐ 76-100% ☐ None

Circle your average pain level over the past week.

No Pain 0 1 2 3 4 5 6 7 8 9 10 Unbearable

Circle your worst pain level over the past week.

No Pain 0 1 2 3 4 5 6 7 8 9 10 Unbearable

Currently, how much has your pain interfered with your daily activities?

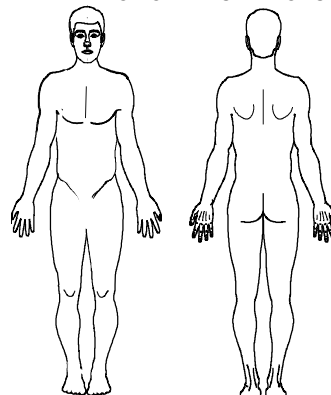
No Interference 0 1 2 3 4 5 6 7 8 9 10 Unable to carry on any activities

What are your goals for your acupuncture treatments?

How do you track your progress towards your goals?

What progress has been made toward your goals?

MARK AN X ON THE PICTURE WHERE YOU
HAVE PAIN OR OTHER SYMPTOMS.



2. Are you getting better?

Current Condition(s)/Complaint(s)

Rate your overall progress since starting acupuncture

1 _____ ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Worse

2 _____ ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Worse

3 _____ ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Worse

3. Which type(s) of treatment have been helpful to your condition(s)?

☐ Acupuncture treatment ☐ Nutritional supplements ☐ Rehab Exercise/Home Care
☐ Chinese herbs ☐ Prescription Medication(s) ☐ Spinal Adjustment/Manipulation
☐ Therapeutic Massage ☐ Physical therapy ☐ Other _____

4. Is there anything new?

Have you had any new complaints/conditions? ☐ No ☐ Yes Explain _____

Have you had any re-injuries or events that have prolonged your recovery? ☐ No ☐ Yes

Explain _____

Are you pregnant? ☐ No ☐ Yes; How many weeks? _____ Are you under a physician's care? ☐ No ☐ Yes

I certify that the above information is complete and accurate to the best of my knowledge. I agree to notify this practitioner immediately whenever I have changes in my health condition or health plan coverage in the future.

Patient Signature _____ Date _____