

It is my intention to significantly improve your health. In order to accomplish this it is important for me to receive feedback from you about changes in your condition at each visit.

Name (Last, First) _____ DOB _____

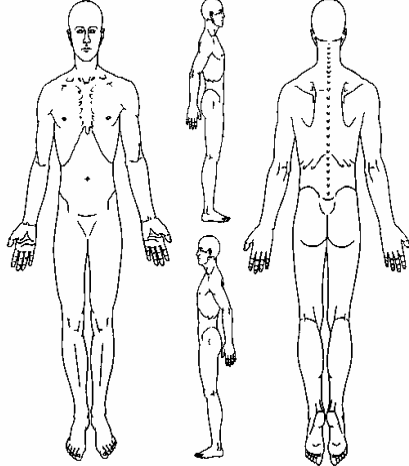
STEP 1 Please evaluate the following aspects of your health currently.

	None	Moderate			Severe	
Anxiety	0	1	2	3	4	5
Fatigue	0	1	2	3	4	5
Sleep issues	0	1	2	3	4	5
Stress	0	1	2	3	4	5
Digestive issues	0	1	2	3	4	5

Step 2 Please list and evaluate each complaint for which we are treating you. If you have multiple pains or issues, please list individually.

	None	Moderate			Severe	
.....	0	1	2	3	4	5
.....	0	1	2	3	4	5
.....	0	1	2	3	4	5
.....	0	1	2	3	4	5

STEP 3 Please indicate location and type of pain, if applicable.



A = Ache B = Burning N = Numbness
P = Pins/Needles S= Stabbing O = Other

STEP 4 Please describe how your condition has changed since the last treatment.

STEP 5 What is your intention for today's treatment?

Signature _____ Date _____

-----ACUPUNCTURIST USE ONLY-----

P:
T:

Initials
Date
ICD-9

Acupuncture	Herbal
Electro / Moxa / Auricular	Treatment Number