

PATIENT PROGRESS

Patient completes this form. Acupuncture and Oriental Medicine
For questions, please call ASH at 800.972.4226

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

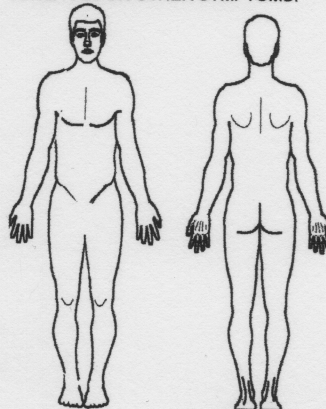
Circle your average and the worst pain level over the past week.

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

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



2. Are you getting better?

Current Condition(s)/Complaint(s)

1 _____
2 _____
3 _____
4 _____

Rate your overall progress since starting acupuncture

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Worse
☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Worse
☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Worse
☐ 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
☐ Massage therapy ☐ 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 _____