



Patient Information and Treatment Record

(Patient to complete first page only)

Family name.....

First Name(s).....

Address.....

Phone: (Home).....

.....

(Work).....

.....

(Mob).....

Date of Birth.....

Email.....

Occupation.....

GP.....

Referred by.....

Midwife(if applicable).....

Practitioner only to complete		
ACC45	DoA	Read Code(s)

Reason for Visit.....

Previous Surgery.....

.....

Previous illnesses.....

.....

Medication and/or supplements.....

.....

- Smoker
- Non-smoker
- Vegetarian
- Vegan

I understand that

- ❖ Any treatment given will be explained to me and I have the right to clarify, question or stop the treatment at any time.
- ❖ The consultation fee is due on the day of treatment unless other arrangements have been made beforehand.
- ❖ There is a surcharge payable for any ACC treatment and if the ACC claim is declined then I am liable for the full consultation fee.

Signature:

Date:

(Practitioner only to complete)

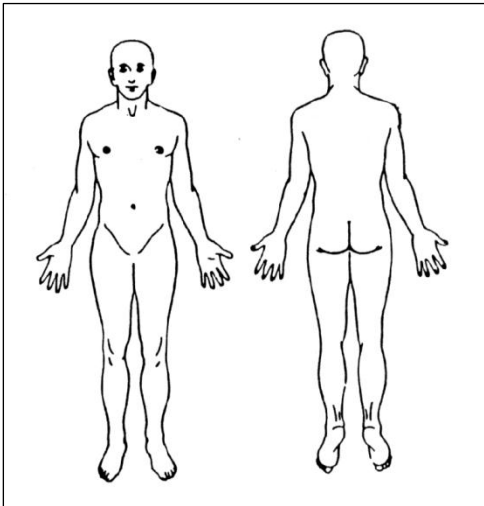
Presenting with.....

Onset and progression.....

Aggravated by..... Relieved by.....

.....

Previous treatment.....



Yellow flags.....

.....

Red flags.....

.....

Numerical Pain Rating Scale (NPRS)

[ask the patient to rate their pain on average over the last 24 hours on a scale of 0-10, with '0' being 'no pain' and '10' being the 'worst possible pain'.]

0	1	2	3	4	5	6	7	8	9	10
No pain			Moderate pain					Worst pain		

Patient Specific Functional Scale (PSFS)

[ask the patient to identify 3 to 5 important activities that they are unable to do or are having difficulty with as a result of the presenting problem and to score them according to the following scale]

0	1	2	3	4	5	6	7	8	9	10
Unable to perform activity						Able to perform activity at same level as before injury or problem				

1)..... /10

2)..... /10

3)..... /10

4)..... /10

5)..... /10

Differential Diagnosis

Hot/cold Chills/fever

Sweat

Appetite/Digestion

.....

.....

Thirst

Urination

Stools

Sleep

.....

Pain

.....

Gynaecology

.....

.....

.....

Headaches

Eyes/vision

Ears/hearing

Palpation

Tongue

Pulse

Diagnosis

Treatment Principle

Treatment Plan

Today's treatment

Follow up Treatments

Date..... Time..... Treatment number.....

Results/Progress.....
.....
.....

Examination.....

Tongue..... Pulse.....

Diagnosis.....

Treatment Principle.....

Treatment.....

Practitioner signature..... Patient signature.....

Date..... Time..... Treatment number.....

Results/Progress.....
.....
.....

Examination.....

Tongue..... Pulse.....

Diagnosis.....

Treatment Principle.....

Treatment.....

Practitioner signature..... Patient signature.....

Date..... Time..... Treatment number.....

Results/Progress.....
.....
.....

Examination.....

Tongue..... Pulse.....

Diagnosis.....

Treatment Principle.....

Treatment.....

Practitioner signature..... Patient signature.....

**Reassess Numerical Pain Rating Scale (NPRS) and Patient Specific Functional Scale (PSFS) after 4-6 treatments.*