



ACUPUNCTURE NETWORK

5567 Reseda Blvd., #101 Tarzana, CA 91356
Tel: 213-387-4710 Fax: 213-387-4811

DATE: _____

PATIENT NAME: _____

CHART NO.: _____

CLAIM NO.: _____

DIAGNOSIS: _____

REFERRING PHYSICIAN: _____

Future appointment : _____ Acupuncture TX frequency recommended by PTP: 1- 2- 3 / week for 3- 4 - 6 weeks, other _____

Previous/Current Treatment/s:

- ⬆ Pool Therapy----- 1 - 2 - 3 / week for 4 - 6 - 8 weeks; improved: yes, no, temporary relief, discontinued
- ⬆ Chiropractic----- 1 - 2 - 3 / week for 4 - 6 - 8 weeks; improved: yes, no, temporary relief, discontinued
- ⬆ Physical Therapy----- 1 - 2 - 3 / week for 4 - 6 - 8 weeks; improved: yes, no, temporary relief, discontinued
- ⬆ Exercise Program----- 1 - 2 - 3 / week for 4 - 6 - 8 weeks; improved: yes, no, temporary relief, discontinued
- ⬆ Home Exercise Program (HEP) -----improved: yes, no, discontinued
- ⬆ Epidural/s: 1 - 2 - 3 (_____) improved: yes, no, temporary relief
- ⬆ Surgery: _____ (_____), improved: yes, no _____
- ⬆ None

Present condition:

Area: _____ Pain Intensity (VAS): is ___ / 10
 ROM: __normal __decreased __slightly __moderately __greatly (Due to pain and stiffness), muscle spasms;
 Pain Frequency: is __100% (constant) __75% (frequent) __50% (intermittent) __25% (occasional) __0% (none);
 Pain type: sharp dull numbness hypoesthesia hyperesthesia, **Radicular symptoms:** numbness tingling hypoesthesia hyperesthesia weakness.
 Swelling, edema, DTRs _____
 Comments: _____

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	Walking (1)	Standing (1)	Sitting (1)	Driving (1)	Sleeping (2)	Using Tools*	Climbing Stairs*	Self-Hygiene*
Initial Eval	___ mins/hrs	___ mins/hrs	___ mins/hrs	___ mins/hrs	___ hrs	___/5	___/5	___/5

(1) Time/Distance with little or no pain, (2) Uninterrupted hours of sleeping, () Degree of difficulty: 0 (no difficulty) to 5 (severe difficulty).*

Medication:

⬆ muscle relaxants ___ day/week, ⬆ NSAIDs ___ day/week, ⬆ Pain medication ___ day/week, (_____)

Measurable Goals:

- ⬆ Decrease of pain (Visual Analog Scale, 1-10)
- ⬆ Increase range of motion
- ⬆ Reduce pain medication
- ⬆ Reduce muscle spasms
- ⬆ Increase strength
- ⬆ Increase endurance
- ⬆ Increase body mechanics and ability to perform ADL (activities of daily living)
- ⬆ Increase ability to perform job-related duties
- ⬆ Improve sleep
- ⬆ Improve tolerance to sitting, walking and standing.
- ⬆ Reduce hospital visits or other medical interventions.
- ⬆ Reduce pain behaviors

Factors delaying patient's recovery:

- ⬆ Chronic condition
- ⬆ Patient is de-conditioned
- ⬆ Continuance of perpetuating factors: patient continues with same job activities
- ⬆ Patient is not responding to other Pain Management treatments like ⬆ pain medication ⬆ physical therapy ⬆ chiropractic ⬆ epidural shots
- ⬆ Surgery _____
- ⬆ Co-morbidity factors/complications/pre-existing conditions _____

Work status (Per PTP): ⬆ Retired ⬆ Not working ⬆ Full time ⬆ Part time ⬆ without restrictions ⬆ restrictions (restrictions written below, PER PTP) _____

Medical Necessity to cure or relieve:

- ⬆ Significant improvement can be reasonably expected by acupuncture treatment.
- ⬆ The patient has not reached maximum therapeutic benefit (MTB) or maximum medical improvement (MMI).
- ⬆ There was an exacerbation or flare up of condition _____
- ⬆ The patient is ⬆ unable due to GI intolerance ⬆ allergic ⬆ addicted ⬆ unwilling, to take medication.

Comments: _____

PROVIDER NAME/ SIGNATURE: _____

CLINIC ADDRESS: _____