Acupuncture Progress Report (Continuation)

Patient:					Patient #:		Dat	te:	
Claim #									
					Diagnosis:				
Last Time Se	en:		_						
Present con	dition:								
Area:				Pain Int	tensity:/10 ((VAS)			
	reduced	_slightlymod				()			
Pain Frequer	icy: was100	0% (constant)	75% (frequent) 50% (inter	mittent) 25%	(occasional) _	0% (none)		
Pain Type:	sharp dull. F	Radicular sym	ptoms: num	bness tingling	hypoesthesia	hyperesthesia	a weakness. Sv	welling, edema	a. DTRs
Area:				Pain Int	tensity:/10 ((VAS)			
ROM: WN	reduced	_slightlymod	erately <u>grea</u>	tly	, <u>—</u>	` '			
					rmittent) 25%				
					e of motion/stret	•	` <u>-</u>		
O Proper bio	mechanics ar	nd posture wer	e instructed to	the patient to	stimulate self-	reliance and	avoid additional	injury.	
Medication:									
	on·		is	dav/wee	ek				
Comments:_									
o Decrea	Goals to Be Ob ase of pain (Vis sed range of mo sed strength	ual Analog Scal	e, 1-10)		_O Increase		nics and ability to form job-related du		
	Walking (1)	Standing (1)	Sitting (1)	Driving (1)	Sleeping (2)	Using tools*	Climbing stairs	Self-Hygiene*	
(1) Tim	e/Distance with	little or no pain,	(2) Uninterrupt	ed hours of sle	eping, (*) Degree	e of difficulty: 0	(no difficulty) to 5	(severe difficult	y).
Work status	(Per PTP): o R	etired o Not wor	king o Full time	e o Part time o	without restrict	ions o restrict	ions (restrictions v	written below, PE	ER PTP)
stimulation, my (a passive mo (active care) Need for care	ofascial release and ality that applicate avoid de-color and anticipate	and/or heat treatn ropriately contro nditioning and de red further leng	nents are given. ols pain-inflam dependency o th of treatmen	These modalities nation in acute n the use of pa t:	s have been prove , sub-acute and (ssive modalities	en effective in rei c hronic compla s.	er points. In additior lieving pain and mu nints) is combined	scular tension. A	cupuncture
					h prior acupunctu		bly overstad by a	idditional care:	
	•	ient was obtaine on with prior act	•	upuncture and a	additional gains (can be reasona	bly expected by a	idditional care;	
				ndition that requ	uires additional c	are;			
							unwilling take me	edication	
		due to upper G							
		lications/pre-exis							
Johnnents									
<u>Acupunctur</u>	<u>e treatment f</u>	requency reco	ommended:	1 – 2 – 3x wee	<u>ek.</u>				

PROVIDER NAME/ SIGNATURE: _____CLINIC ADDRESS: _____