PCORI INITIAL INTAKE ACUPUNCTURE SESSION

RA Name:_____ Today's Date: _____ Time start_____Time finish_____

Patient name: _____ IRB #009-15 Session # _____

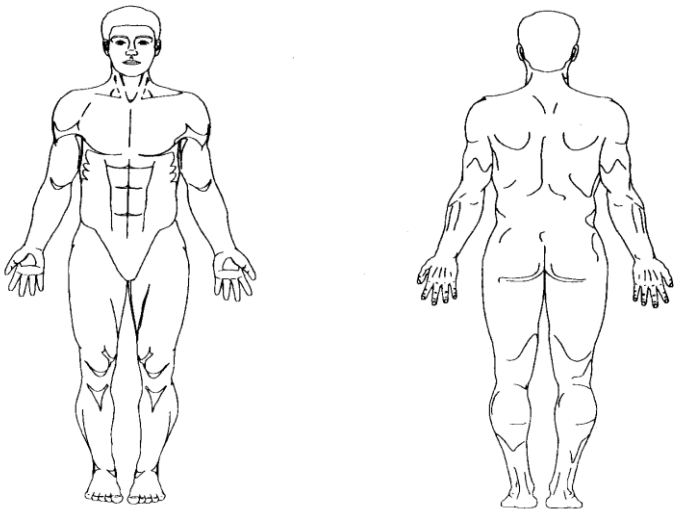
Problem 1/ROI Pain Today? _____

Pain today VAS Scale: 0 1 2 3 4 5 6 7 8 9 10 [**Circle** range, **square** pain level today]

Problem 2/ROI Pain Today? _____

Pain today VAS Scale: 0 1 2 3 4 5 6 7 8 9 10 [**Circle** range, **square** pain level today]

Sleep
Activity /Energy
Worry
Other



Shade areas of pain on diagram

Patient name_____ Date_____

RA Signature:_____

PCORI FOLLOW UP ACUPUNCTURE SESSION

Tongue
If relevant note color, shape, nature of coat, any changes in session

☐Pulse if relevant note
Rate_____bpm

Quality(s)

CM DX

Areas Palpated Tui na Gua sha (circle)	**Acupoints Needled (<u>circle</u> 'in&out de qi' points)**	**L/R/B, EAR Needles or seeds**
Upper neck shoulders upper back chest arms other_____ specify hot, cold, tender, blood stasis. All?		
Middle Back side front other_____ specify hot, cold, tender, blood stasis, ALL?		
Lower back abdomen hips knees ankles feet other_____ specify hot, cold, tender, blood stasis, ALL?		

****Notes, Recommendations, Changes within session**

☐ **Session a challenge ? Why?**

Needles____ Time in:_____Time out_____

Any Adverse Effects during Session _____ Acupuncturist Signature: _____