



SouthPark Acupuncture
Carolinas HealthCare System

TCM Follow-up Treatment Form

Name: _____ Date: _____

Chief Complaints:

How was the last session? Did you notice anything significant afterwards? If yes, for how long?

How do you feel today?

Have you started taking any new medications? If yes, what.

If there is any pain associated with your case, please circle one (1):

Level of previous pain 0 1 2 3 4 5 6 7 8 9 10 Level of current pain 0 1 2 3 4 5 6 7 8 9 10

OFFICE USE ONLY:

Acupuncture type used: Body _____ Ear _____ Electrical _____ Other: Moxa _____ TuiNa _____

Tongue Color: _____ Pulse: _____

Assessment: _____

Plan:

Acupoints: _____
