

This is a fillable PDF. If possible, please complete on your computer. This form should be completed within a couple hours prior to each appointment. Keep answers short Thank you!

PATIENT CONDITION ASSESSMENT (PCA)

Name _____

Patient Signature _____

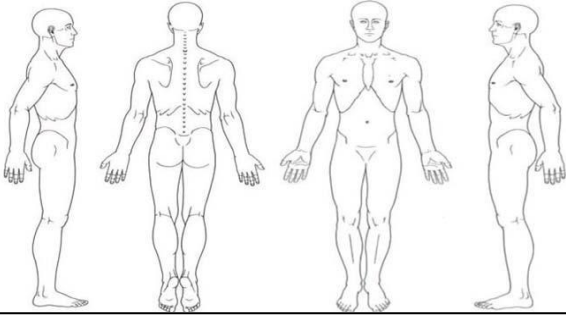
Date _____

Please list you TOP 3 areas of complaint bothering you TODAY

1. _____
2. _____
3. _____

Pain level (0 = No Discomfort, 10 = Extreme discomfort)
 1 2 3 4 5 6 7 8 9 10

Mark areas of CURRENT pain/discomfort below



Since Your last appointment, has your health complaints:

Please check box and identify the area

No Change

Improved Mildly

Improved Significantly

Become Worse

Anything you need to communicate to us? Any new complaints?

BELOW IS FOR OFFICE USE ONLY

OFFICE VISIT	SERVICE	HERBAL / NUTRITIONAL	
EP	Acupuncture EAC	Herbs	
EPR	Microcurrent / IF		
WHR	Laser	Supplements	
	Thermogram		
	Cupping		
	IR Heat		

Recommendations:

Treatment:

Exam: