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** _____

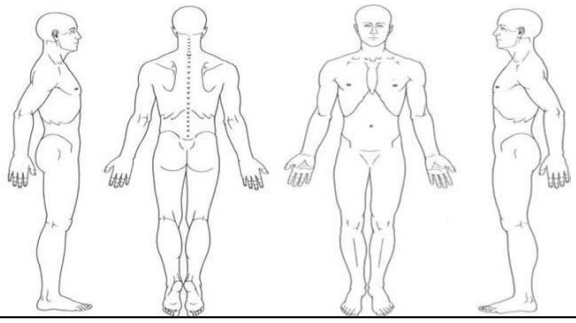
Please list your TOP 3 areas of complaint bothering you TODAY

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



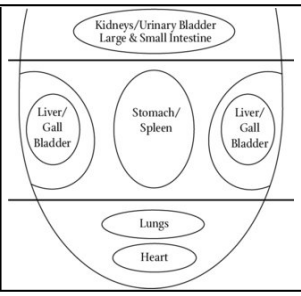
Since Your last appointment, has your health complaints:

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			
	Thermogram	Supplements		
	Cupping			
	IR Heat			

