Maciej Majzel, D.C., Chiropractic Corporation.

Acupuncture [ ]Initial [✓]Follow Up Evaluation

Account # 7343
Date of Injury: 5/1/12 - 4/8/14
Date of Examination: 5/13/16

Patient's Name: Santillan, Maria Gender: ☐ M ☑ F DOB: 3/26/67 SSN: _____
Dominant Hand: ☑ R ☐ L

Referring Physician: Vlad Gerdelman Contra Indications _____

History: The patient sustained ☑ Industrial ☐ Personal Injury(ies) to _____

The patient was evaluated by Dr. Gerdelman and referred to Acupuncturist for evaluation and treatment as necessary.

PTP Diagnosis: 1. L/S
2. Knee
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

Subjective Complaints

☐ Head					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes			
☐ Nausea	☐ no	☐ yes			
☐ C-Spine					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ Decreased ROM	☐ no	☐ yes			
☐ Spasm	☐ no	☐ yes			
☐ T-Spine					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ Decreased ROM	☐ no	☐ yes			
☑ Spasm	☐ no	☐ yes			
☑ L-Spine					
☑ Pain	☐ no	☑ if yes	☐ slight	☐ moderate	☑ severe
☑ Strength	☐ normal	☐ decreased			
☑ Numbness	☐ no	☑ yes	7/10		
☑ Decreased ROM	☐ no	☑ yes			
☑ Spasm	☐ no	☑ yes			
☐ Chest/Abdomen					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			

☐ R Shoulder					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ Decreased ROM	☐ no	☐ yes			
☐ R Arm					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ R Elbow					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ Decreased ROM	☐ no	☐ yes			
☐ R Forearm					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ R Wrist					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ Decreased ROM	☐ no	☐ yes			
☐ R Hand					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ Decreased ROM	☐ no	☐ yes			
☐ R Hip					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ ye			
☐ Decreased ROM	☐ no	☐ yess			
☐ R Thigh					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ R Knee					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ Decreased ROM	☐ no	☐ yes			
☐ R Lower Leg					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ R Ankle					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ Decreased ROM	☐ no	☐ yes			

☐ R Foot					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ Decreased ROM	☐ no	☐ yes			
☐ L Shoulder					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ Decreased ROM	☐ no	☐ yes			
☐ L Arm					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ L Elbow					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ Decreased ROM	☐ no	☐ yes			
☐ L Forearm					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ L Wrist					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ Decreased ROM	☐ no	☐ yes			
☐ L Hand					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ Decreased ROM	☐ no	☐ yes			
☐ L Hip					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ Decreased ROM	☐ no	☐ yes			
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☐ Strength	☐ normal	☐ decreased			
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☑ L Knee					
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☑ Numbness	☐ no	☑ yes			
☑ Decreased ROM	☐ no	☑ yes			
☐ L Lower Leg					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ L Ankle					

7/10

☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ Decreased ROM	☐ no	☐ yes			
☐ L Foot					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ Decreased ROM	☐ no	☐ yes			
☐ _____					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			

Medical History

☐ Diabetes	☐ Hypertension	☐ Cancer	☐ Epilepsy	☐ Arthritis	☐ Coronary Artery Disease
☐ Pregnant	☐ Hepatitis	☐ Skin Irritation	☐ Heart Disease	☐ Lung Disease	☐ Kidney Disease
☐ Meningitis	☐ Unremarkable	☐ _____	☐ _____	☐ _____	☐ _____

Surgical History

☐ Pacemaker	☐ Post Surgery	☐ Metal Implant	☐ Abdomnal/R/L Inguinal Herniorrhaphy	☐ R/L Rotator Cuff Repair	☐ Spinal Surgery
☐ Elbow Surgery	☑ Knee Surgery (L knee)	☐ Wrist Surgery	☐ Appendectomy	☐ Unremarkable	☐ _____

Observation

Pulse	☐ Superficial	☐ Deep	☐ Rapid	☐ Slippery	
	☐ Choppy	☑ Thin	☐ Soft	☐ Wiry	
Tongue Appearance	☐ Pale	☐ Red	☐ Dark red	☐ Purple	☐ Blue
	☐ Wet	☐ Dry	☐ Red Spots	☐ Swollen	☐ Teeth Marks
	☐ White Coating	☑ Yellow Coating	☐ No Coating	☐ Cracked	

Progress Summary

Body Part 1 L4/5

	Last Visit	Today	
Pain	0 1 2 3 4 5 6 7 (8) 9 10	0 1 2 3 4 5 6 (7) 8 9 10	☐ No change
Spasm	0 1 1+ 2 3 (4)	0 1 1+ 2 3 (4)	☐ No change
Tenderness	0 1 2 3 (4)	0 1 2 3 (4)	☐ No change
Relaxation	10 20 30 (40) 50 60 70 80 90 100 %	improvement since last visit	☐ No change
ROM	10 20 (30) 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
Nausea	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
Blood Flow	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
Swelling	10 20 (30) 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
Sensitivity	10 20 (30) 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
Numbness	10 20 30 (40) 50 60 70 80 90 100 %	improvement since last visit	☐ No change
Inflammation	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change

Body Part 2 (L) knee

Pain	0 1 2 3 4 5 6 7 (8) 9 10	0 1 2 3 4 5 6 (7) 8 9 10	☐ No change
Spasm	0 1 1+ 2 3 (4)	0 1 1+ 2 3 (4)	☐ No change
Tenderness	0 1 2 3 (4)	0 1 2 3 (4)	☐ No change
Relaxation	10 (20) 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
ROM	10 20 (30) 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
Nausea	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
Blood Flow	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
Swelling	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
Sensitivity	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
Numbness	10 20 30 (40) 50 60 70 80 90 100 %	improvement since last visit	☐ No change
Inflammation	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change

TCM Diagnostics

☐ Qi and blood stagnation in the channel(s):

- ☐ LU - Lung
- ☐ LI - Large Intestine
- ☑ ST - Stomach
- ☐ SP - Spleen
- ☐ HT - Heart
- ☐ SI - Small Intestine
- ☑ UB - Urinary Bladder
- ☐ KD - Kidney
- ☐ PC - Pericardium
- ☑ SJ - San Jiao
- ☐ GB - Gall Bladder
- ☐ LIV - Liver
- ☐ REN - Conception Vessel
- ☐ DU - Governing Vessel

☐ Other _____

Progress Summary

- ☐ No benefits yet
- ☐ Temporary pain relief
- ☐ Unable to tolerate acupuncture
- ☑ Continues to improve
- ☐ Reached maximum benefits

Treatment Goals

- ☑ Reduce Pain
- ☑ Reduce Tenderness
- ☑ Increase ROM
- ☐ Decrease Sensitivity
- ☑ Reduce Muscle Spasm
- ☑ Decrease Numbness
- ☑ Decrease Swelling
- ☐ Promote Relaxation
- ☐ Reduce Nausea
- ☐ Reduce Inflammation
- ☐ Increase Blood Flow

Recommendation

☑ Schedule 2 times a week for 4 weeks. ☐ Consult with PTP _____

Treatment Plan

☐ Acupuncture to the following points: ☐ Electroacupuncture to the following points:

LU	LI	ST	SP	HT	SI	UB	KD	PC	SJ	GB	LIV	REN	DU
1☐	1☐	1☐	1☐	1☐	1☐	1☐	1☐	1☐	1☐	1☐	1☐	1☐	1☐
2☐	2☐	2☐	2☐	2☐	2☐	2☐	2☐	2☐	2☐	2☐	2☐	2☐	2☐
3☐	3☐	3☐	3☐	3☐	3☐	3☐	3☐	3☐	3☑	3☐	3☐	3☐	3☐
4☐	4☐	4☐	4☐	4☐	4☐	4☐	4☐	4☐	4☐	4☐	4☐	4☐	4☐
5☐	5☐	5☐	5☐	5☐	5☐	5☐	5☐	5☐	5☐	5☐	5☐	5☐	5☐
6☐	6☐	6☐	6☐	6☐	6☐	6☐	6☐	6☐	6☐	6☐	6☐	6☐	6☐
7☐	7☐	7☐	7☐	7☐	7☐	7☐	7☐	7☐	7☐	7☐	7☐	7☐	7☐
8☐	8☐	8☐	8☐	8☐	8☐	8☐	8☐	8☐	8☐	8☐	8☐	8☐	8☐
9☐	9☐	9☐	9☐	9☐	9☐	9☐	9☐	9☐	9☐	9☐	9☐	9☐	9☐
10☐	10☐	10☐	10☐		10☐	10☐	10☐		10☐	10☐	10☐	10☐	10☐
11☐	11☐	11☐	11☐		11☐	11☐	11☐		11☐	11☐	11☐	11☐	11☐
12☐	12☐	12☐	12☐		12☐	12☐	12☐		12☐	12☐	12☐	12☐	12☐

LU	LI	ST	SP	HT	SI	UB	KD	PC	SJ	GB	LIV	REN	DU
	13 ☐	13 ☐	13 ☐		13 ☐	13 ☐	13 ☐		13 ☐	13 ☐	13 ☐	13 ☐	13 ☐
	14 ☐	14 ☐	14 ☐		14 ☐	14 ☐	14 ☐		14 ☐	14 ☐	14 ☐	14 ☐	14 ☐
	15 ☐	15 ☐	15 ☐		15 ☐	15 ☐	15 ☐		15 ☐	15 ☐		15 ☐	15 ☐
	16 ☐	16 ☐	16 ☐		16 ☐	16 ☐	16 ☐		16 ☐	16 ☐		16 ☐	16 ☐
	17 ☐	17 ☐	17 ☐		17 ☐	17 ☐	17 ☐		17 ☐	17 ☐		17 ☐	17 ☐
	18 ☐	18 ☐	18 ☐		18 ☐	18 ☐	18 ☐		18 ☐	18 ☐		18 ☐	18 ☐
	19 ☐	19 ☐	19 ☐		19 ☐	19 ☐	19 ☐		19 ☐	19 ☐		19 ☐	19 ☐
	20 ☐	20 ☐	20 ☐			20 ☐	20 ☐		20 ☐	20 ☐		20 ☐	20 ☐
		21 ☐	21 ☐			21 ☐	21 ☐		21 ☐	21 ☐		21 ☐	21 ☐
		22 ☐				22 ☐	22 ☐		22 ☐	22 ☐		22 ☐	22 ☐
		23 ☐				23 ☐	23 ☐		23 ☐	23 ☐		23 ☐	23 ☐
		24 ☐				24 ☑	24 ☐			24 ☐		24 ☐	24 ☐
		25 ☐				25 ☐	25 ☐			25 ☐			25 ☐
		26 ☐				26 ☑	26 ☐			26 ☐			26 ☐
		27 ☐				27 ☑	27 ☐			27 ☐			27 ☐
		28 ☐				28 ☑				28 ☐			28 ☐
		29 ☐				29 ☑				29 ☐			
		30 ☐				30 ☐				30 ☐			
		31 ☐				31 ☐				31 ☐			
		32 ☐				32 ☐				32 ☐			
		33 ☑				33 ☐				33 ☐			
		34 ☑				34 ☐				34 ☐			
		35 ☑				35 ☐				35 ☐			
		36 ☑				36 ☐				36 ☐			
		37 ☐				37 ☐				37 ☐			
		38 ☐				38 ☐				38 ☐			
		39 ☐				39 ☐				39 ☐			
		40 ☐				40 ☑				40 ☐			
		41 ☐				41 ☐				41 ☐			
		42 ☐				42 ☐				42 ☐			
		43 ☐				43 ☐				43 ☐			
		44 ☐				44 ☐				44 ☐			
		45 ☐				45 ☐							
						46 ☐							
						47 ☐							
						48 ☐							
						49 ☐							

LU	LI	ST	SP	HT	SI	UB	KD	PC	SJ	GB	LIV	REN	DU
						50 ☐ 51 ☐ 52 ☐ 53 ☐ 54 ☐ 55 ☐ 56 ☐ 57 ☐ 58 ☐ 59 ☐ 60 ☐ 61 ☐ 62 ☐ 63 ☐ 64 ☐ 65 ☐ 66 ☐ 67 ☐							

☐ Anmian	☐ Bizhong	☐ Huatuojiaji	☐ Pigen	☐ Sishencong	☐ Yiming
☑ Ashi points	☐ Dannangxue	☐ Jiachengjiang	☐ Qianzheng	☐ Taiyang	☐ Yintang
☐ Bafeng	☐ Dingchuan	☐ Ianqian	☐ Qiuhou	☐ Weiguanxiashu	☐ Yuyao
☐ Baichongwo	☐ Erbai	☐ Jinjin, Yuye	☐ Shanglianquan	☐ Xiyan	☐ Zhongkui
☐ Bailao	☐ Erjian	☐ Lanweixue	☐ Shiqizhui	☐ Yaoqi	☐ Zhongquan
☐ Baxie	☐ Heding	☐ Luozhen	☐ Shixuan	☐ Yaotongxue	☐ Zhoujian
☐ Bitong	☐ Huanzhong		☐ Sifeng	☐ Yaoyan	☐ Zigongxue

☐ Acupressure	☐ Auriculotherapy	☐ Cupping	☐ Herbal Treatment
☐ Hot Pack	☐ Cold Pack	☑ Infrared	☐ Myofascial Release
☐ Therapeutic Exercise	☐ Tuina Massage	☐ _____	☐ _____

Acupuncturist Name Young Tae Kim L. Ac. **Signature** _____

License # AC9394

☑ **Visit was performed with the aid of a Qualified Interpreter**

Name of Interpreter Lucia Contreras **Company** Accurate Interpreting

Interpreter Signature _____

Patient Signature _____

Acupuncture Treatment

Patient's Name Santillan, Maria Acct.# 7343

Acupuncture Notes/Codes

Subjective Complaints: Body Part -1 LB

Pain	[ ] not improved	[✓] slightly improved	[ ] improved	[ ] worsened
Spasm	[ ] not improved	[✓] slightly improved	[ ] improved	[ ] worsened
Tenderness	[✓] not improved	[ ] slightly improved	[ ] improved	[ ] worsened
ROM	[ ] not improved	[✓] slightly improved	[ ] improved	[ ] worsened
Swelling	[ ] not improved	[✓] slightly improved	[ ] improved	[ ] worsened

Objective Findings: [ ] Pain [ ] Spasm [✓] Tenderness [ ] Swelling [ ] Redness

[ ] Reduced [ ] No change

Subjective Complaints: Body Part -2 (L) knee

Pain	[ ] not improved	[✓] slightly improved	[ ] improved	[ ] worsened
Spasm	[✓] not improved	[ ] slightly improved	[ ] improved	[ ] worsened
Tenderness	[ ] not improved	[✓] slightly improved	[ ] improved	[ ] worsened
ROM	[ ] not improved	[✓] slightly improved	[ ] improved	[ ] worsened
Swelling	[✓] not improved	[ ] slightly improved	[ ] improved	[ ] worsened

Objective Findings: [ ] Pain [✓] Spasm [ ] Tenderness [✓] Swelling [ ] Redness

[ ] Reduced [ ] No change

Assessment/Comments: [ ] No benefits yet [ ] Temporary relief of symptoms [✓] Continues to improve

Treatment Plan: [✓] Continue Current Treatment [ ] Terminate Current Treatment

[ ] Reached Max. Benefits

[X] Visit was performed with the aid of a Qualified Interpreter

Name of Interpreter Mariel Fernandez Company: Accurate Interpreting Signature:

Acupuncturist: Young Tae Kim, L. Ac. License No. AC 9394 Signature:

Visit # 2 Patient's Signature Date 5/31/16

follow up

6200 Wilshire Blvd. Suite 910 Los Angeles, CA 90048 Phone: 323-934-0423 Fax: 323-934-4762

Maciej Majzel, D.C., Chiropractic Corporation.

Acupuncture [ ]Initial [X]Follow Up Evaluation

Account # 7343
Date of Injury: CT: 1 / 1 / 12
Date of Examination: 2 / 18 / 16

Patient's Name: Santillan, Maria Gender: ☐ M ☒ F DOB: 3 / 26 / 67 SSN: _____

Dominant Hand: ☒ R ☐ L

Referring Physician: Vlad Gendelman Contra Indications _____

History: The patient sustained ☒ Industrial ☐ Personal Injury(ies) to _____

The patient was evaluated by Dr. Gendelman and referred to Acupuncturist for evaluation and treatment as necessary.

PTP Diagnosis: 1. C/S
2. (L) knee
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

Subjective Complaints

☐ Head					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes			
☐ Nausea	☐ no	☐ yes			
☒ C-Spine					
☐ Pain	☐ no	☒ if yes	☐ slight	☐ moderate	☒ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☒ yes	7/10		
☐ Decreased ROM	☐ no	☐ yes			
☒ Spasm	☐ no	☒ yes			
☐ T-Spine					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ Decreased ROM	☐ no	☐ yes			
☐ Spasm	☐ no	☐ yes			
☐ L-Spine					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ Decreased ROM	☐ no	☐ yes			
☐ Spasm	☐ no	☐ yes			
☐ Chest/Abdomen					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			

Patient's Name_____ Acc. #_____

☐ R Shoulder					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ Decreased ROM	☐ no	☐ yes			
☐ R Arm					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ R Elbow					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ Decreased ROM	☐ no	☐ yes			
☐ R Forearm					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ R Wrist					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ Decreased ROM	☐ no	☐ yes			
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☐ Numbness	☐ no	☐ yes			
☐ R Knee					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ Decreased ROM	☐ no	☐ yes			
☐ R Lower Leg					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ R Ankle					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ Decreased ROM	☐ no	☐ yes			

Patient's Name_____ Acc. #_____

☐ R Foot					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ Decreased ROM	☐ no	☐ yes			
☐ L Shoulder					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ Decreased ROM	☐ no	☐ yes			
☐ L Arm					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ L Elbow					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ Decreased ROM	☐ no	☐ yes			
☐ L Forearm					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ L Wrist					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ Decreased ROM	☐ no	☐ yes			
☐ L Hand					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ Decreased ROM	☐ no	☐ yes			
☐ L Hip					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ Decreased ROM	☐ no	☐ yes			
☐ L Thigh					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☑ L Knee					
☐ Pain	☐ no	☑ if yes	☐ slight	☐ moderate	☑ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☑ yes	7/10		
☐ Decreased ROM	☐ no	☑ yes			
☐ L Lower Leg					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ L Ankle					

Patient's Name_____ Acc. #_____

☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ Decreased ROM	☐ no	☐ yes			
☐ L Foot					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ Decreased ROM	☐ no	☐ yes			
☐ _____					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			

Medical History

☐ Diabetes	☐ Hypertension	☐ Cancer	☐ Epilepsy	☐ Arthritis	☐ Coronary Artery Dise
☐ Pregnant	☐ Hepatitis	☐ Skin Irritation	☐ Heart Disease	☐ Lung Disease	☐ Kidney Dise
☐ Meningitis	☐ Unremarkable	☐ _____	☐ _____	☐ _____	☐ _____

Surgical History

☐ Pacemaker	☐ Post Surgery (L) knee	☐ Metal Implant	☐ Abdominal/R/L Inguinal Herniorrhaphy	☐ R/L Rotator Cuff Repair	☐ Spinal Surge
☐ Elbow Surgery	☒ Knee Surgery	☐ Wrist Surgery	☐ Appendectomy	☐ Unremarkable	☐ _____

Observation

Pulse	☐ Superficial	☐ Deep	☐ Rapid	☐ Slippery	
	☐ Choppy	☑ Thin	☐ Soft	☐ Wiry	
Tongue Appearance	☐ Pale	☐ Red	☐ Dark red	☐ Purple	☐ Blue
	☐ Wet	☐ Dry	☐ Red Spots	☐ Swollen	☐ Teeth Marks
	☐ White Coating	☑ Yellow Coating	☐ No Coating	☐ Cracked	

Patient's Name_____ Acc. #_____

Progress Summary

Body Part 1 C, 5

	Last Visit	Today	
Pain	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	☐ No change
Spasm	0 1 1+ 2 3 4	0 1 1+ 2 3 4	☐ No change
Tenderness	0 1 2 3 4	0 1 2 3	☐ No change
Relaxation	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
ROM	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
Nausea	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
Blood Flow	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
Swelling	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
Sensitivity	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
Numbness	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
Inflammation	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change

Body Part 2 (L) knee

Pain	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	☐ No change
Spasm	0 1 1+ 2 3 4	0 1 1+ 2 3 4	☐ No change
Tenderness	0 1 2 3 4	0 1 2 3	☐ No change
Relaxation	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
ROM	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
Nausea	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
Blood Flow	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
Swelling	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
Sensitivity	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
Numbness	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
Inflammation	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change

Patient's Name_____ Acc. #_____

TCM Diagnostics

☐ Qi and blood stagnation in the channel(s):

☐ LU - Lung	☐ LI - Large Intestine	☑ ST - Stomach	☐ SP - Spleen
☐ HT - Heart	☐ SI - Small Intestine	☐ UB - Urinary Bladder	☐ KD - Kidney
☐ PC - Pericardium	☐ SJ - San Jiao	☐ GB - Gall Bladder	☐ LIV - Liver
☐ REN - Conception Vessel	☐ DU - Governing Vessel		

☐ Other _____

Progress Summary

☑ No benefits yet
☐ Continues to improve
☐ Temporary pain relief
☐ Reached maximum benefits
☐ Unable to tolerate acupuncture

Treatment Goals

☑ Reduce Pain	☑ Reduce Tenderness	☑ Increase ROM	☐ Decrease Sensitivity
☑ Reduce Muscle Spasm	☑ Decrease Numbness	☑ Decrease Swelling	☐ Promote Relaxation
	☐ Reduce Nausea	☐ Reduce Inflammation	☐ Increase Blood Flow

Recommendation

☑ Schedule 2 times a week for 4 weeks. ☐ Consult with PTP _____

Treatment Plan

☐ Acupuncture to the following points: ☐ Electroacupuncture to the following points:

LU	LI	ST	SP	HT	SI	UB	KD	PC	SJ	GB	LIV	REN	DU
1 ☐	1 ☐	1 ☐	1 ☐	1 ☐	1 ☐	1 ☐	1 ☐	1 ☐	1 ☐	1 ☐	1 ☐	1 ☐	1 ☐
2 ☐	2 ☐	2 ☐	2 ☐	2 ☐	2 ☐	2 ☐	2 ☐	2 ☐	2 ☐	2 ☐	2 ☐	2 ☐	2 ☐
3 ☐	3 ☐	3 ☐	3 ☐	3 ☐	3 ☐	3 ☐	3 ☐	3 ☐	3 ☐	3 ☐	3 ☐	3 ☐	3 ☐
4 ☐	4 ☐	4 ☐	4 ☐	4 ☐	4 ☐	4 ☐	4 ☐	4 ☐	4 ☐	4 ☐	4 ☐	4 ☐	4 ☐
5 ☐	5 ☐	5 ☐	5 ☐	5 ☐	5 ☐	5 ☐	5 ☐	5 ☐	5 ☐	5 ☐	5 ☐	5 ☐	5 ☐
6 ☐	6 ☐	6 ☐	6 ☐	6 ☐	6 ☐	6 ☐	6 ☐	6 ☐	6 ☐	6 ☐	6 ☐	6 ☐	6 ☐
7 ☐	7 ☐	7 ☐	7 ☐	7 ☐	7 ☐	7 ☐	7 ☐	7 ☐	7 ☐	7 ☐	7 ☐	7 ☐	7 ☐
8 ☐	8 ☐	8 ☐	8 ☐	8 ☐	8 ☐	8 ☐	8 ☐	8 ☐	8 ☐	8 ☐	8 ☐	8 ☐	8 ☐
9 ☐	9 ☐	9 ☐	9 ☐	9 ☐	9 ☐	9 ☐	9 ☐	9 ☐	9 ☐	9 ☐	9 ☐	9 ☐	9 ☐
10 ☐	10 ☐	10 ☐	10 ☐		10 ☐	10 ☐	10 ☐		10 ☐	10 ☐	10 ☐	10 ☐	10 ☐
11 ☐	11 ☐	11 ☐	11 ☐		11 ☐	11 ☐	11 ☐		11 ☐	11 ☐	11 ☐	11 ☐	11 ☐
12 ☐	12 ☐	12 ☐	12 ☐		12 ☐	12 ☐	12 ☐		12 ☐	12 ☐	12 ☐	12 ☐	12 ☐

Patient's Name_____ Acc. #_____

LU	LI	ST	SP	HT	SI	UB	KD	PC	SJ	GB	LIV	REN	DU
	13 ☐	13 ☐	13 ☐		13 ☐	13 ☐	13 ☐		13 ☐	13 ☐	13 ☐	13 ☐	13 ☐
	14 ☐	14 ☐	14 ☐		14 ☐	14 ☐	14 ☐		14 ☐	14 ☐	14 ☐	14 ☐	14 ☐
	15 ☐	15 ☐	15 ☐		15 ☐	15 ☐	15 ☐		15 ☐	15 ☐		15 ☐	15 ☐
	16 ☐	16 ☐	16 ☐		16 ☐	16 ☐	16 ☐		16 ☐	16 ☐		16 ☐	16 ☐
	17 ☐	17 ☐	17 ☐		17 ☐	17 ☐	17 ☐		17 ☐	17 ☐		17 ☐	17 ☐
	18 ☐	18 ☐	18 ☐		18 ☐	18 ☐	18 ☐		18 ☐	18 ☐		18 ☐	18 ☐
	19 ☐	19 ☐	19 ☐		19 ☐	19 ☐	19 ☐		19 ☐	19 ☐		19 ☐	19 ☐
	20 ☐	20 ☐	20 ☐			20 ☐	20 ☐		20 ☐	20 ☐		20 ☐	20 ☐
		21 ☐	21 ☐			21 ☐	21 ☐		21 ☐	21 ☐		21 ☐	21 ☐
		22 ☐				22 ☐	22 ☐		22 ☐	22 ☐		22 ☐	22 ☐
		23 ☐				23 ☐	23 ☐		23 ☐	23 ☐		23 ☐	23 ☐
		24 ☐				24 ☐	24 ☐			24 ☐		24 ☐	24 ☐
		25 ☐				25 ☐	25 ☐			25 ☐			25 ☐
		26 ☐				26 ☐	26 ☐			26 ☐			26 ☐
		27 ☐				27 ☐	27 ☐			27 ☐			27 ☐
		28 ☐				28 ☐				28 ☐			28 ☐
		29 ☐				29 ☐				29 ☐			
		30 ☐				30 ☐				30 ☐			
		31 ☐				31 ☐				31 ☐			
		32 ☐				32 ☐				32 ☐			
		33 ☐				33 ☐				33 ☐			
		34 ☑				34 ☐				34 ☐			
		35 ☑				35 ☐				35 ☐			
		36 ☑				36 ☐				36 ☐			
		37 ☐				37 ☐				37 ☐			
		38 ☐				38 ☐				38 ☐			
		39 ☐				39 ☐				39 ☐			
		40 ☐				40 ☐				40 ☐			
		41 ☐				41 ☐				41 ☐			
		42 ☐				42 ☐				42 ☐			
		43 ☐				43 ☐				43 ☐			
		44 ☐				44 ☐				44 ☐			
		45 ☐				45 ☐							
						46 ☐							
						47 ☐							
						48 ☐							
						49 ☐							

LU	LI	ST	SP	HT	SI	UB	KD	PC	SJ	GB	LIV	REN	DU
						50 ☐ 51 ☐ 52 ☐ 53 ☐ 54 ☐ 55 ☐ 56 ☐ 57 ☐ 58 ☐ 59 ☐ 60 ☐ 61 ☐ 62 ☐ 63 ☐ 64 ☐ 65 ☐ 66 ☐ 67 ☐								

☐ Anmian	☐ Bizhong	☐ Huatuojiaji	☐ Pigen	☐ Sishencong	☐ Yiming
☑ Ashi points	☐ Dannangxue	☐ Jiachengjiang	☐ Qianzheng	☐ Taiyang	☐ Yintang
☐ Bafeng	☐ Dingchuan	☐ Ianqian	☐ Qiuhou	☐ Weiguanxiashu	☐ Yuyao
☐ Baichongwo	☐ Erbai	☐ Jinjin, Yuye	☐ Shanglianquan	☐ Xiyan	☐ Zhongkui
☐ Bailao	☐ Erjian	☐ Lanweixue	☐ Shiqizhui	☐ Yaoqi	☐ Zhongquan
☐ Baxie	☐ Heding	☐ Luozhen	☐ Shixuan	☐ Yaotongxue	☐ Zhoujian
☐ Bitong	☐ Huanzhong		☐ Sifeng	☐ Yaoyan	☐ Zigongxue

☐ Acupressure	☐ Auriculotherapy	☐ Cupping	☐ Herbal Treatment
☐ Hot Pack	☐ Cold Pack	☑ Infrared	☐ Myofascial Release
☐ Therapeutic Exercise	☐ Tuina Massage	☐ _____	☐ _____

Acupuncturist Name Young Tae Kim L. Ac. **Signature** _____

License # AC9394

☑ **Visit was performed with the aid of a Qualified Interpreter**

Name of Interpreter _____ **Company** Accurate Interpreting

Interpreter Signature _____

Patient Signature _____

Acupuncture Treatment

Patient's Name Santillan, Maria Acct.# 7343

Acupuncture Notes/Codes

Subjective Complaints: Body Part -1 C/S

Pain	[✓] not improved	[ ] slightly improved	[ ] improved	[ ] worsened
Spasm	[✓] not improved	[ ] slightly improved	[ ] improved	[ ] worsened
Tenderness	[ ] not improved	[✓] slightly improved	[ ] improved	[ ] worsened
ROM	[✓] not improved	[ ] slightly improved	[ ] improved	[ ] worsened
Swelling	[✓] not improved	[ ] slightly improved	[ ] improved	[ ] worsened

Objective Findings: [ ] Pain [ ] Spasm [ ] Tenderness [ ] Swelling [ ] Redness

[ ] Reduced [ ] No change

Subjective Complaints: Body Part -2 (L) knee

Pain	[✓] not improved	[ ] slightly improved	[ ] improved	[ ] worsened
Spasm	[ ] not improved	[✓] slightly improved	[ ] improved	[ ] worsened
Tenderness	[✓] not improved	[ ] slightly improved	[ ] improved	[ ] worsened
ROM	[✓] not improved	[ ] slightly improved	[ ] improved	[ ] worsened
Swelling	[✓] not improved	[ ] slightly improved	[ ] improved	[ ] worsened

Objective Findings: [ ] Pain [ ] Spasm [ ] Tenderness [ ] Swelling [ ] Redness

[ ] Reduced [ ] No change

Assessment/Comments: [ ] No benefits yet [ ] Temporary relief of symptoms [ ] Continues to improve

Treatment Plan: [ ] Continue Current Treatment [ ] Terminate Current Treatment

[ ] Reached Max. Benefits

[✓] Visit was performed with the aid of a Qualified Interpreter

Name of interpreter Lucia Contreras Company: Accurate Interpreting Signature:

Acupuncturist: Young Tae Kim, L. Ac. License No. AC 9394 Signature:

Visit # 0 follow up Patient's Signature Date 2/18/16

6200 Wilshire Blvd. Suite 910 Los Angeles, CA 90048 Phone: 323-934-0423 Fax: 323-934-4762

Maciej Majzel, D.C., Chiropractic Corporation.

Acupuncture [ ]Initial [X]Follow Up Evaluation

Account # 7343
Date of Injury: CT: 1/1/12 - 4/3/14
Date of Examination: 3/23/16

Patient's Name: Santillan, Maria Gender: ☐ M ☒ F DOB: 3/26/67 SSN: _____
Dominant Hand: ☒ R ☐ L

Referring Physician: Vlad, Gendelman Contra Indications _____

History: The patient sustained ☒ Industrial ☐ Personal Injury(ies) to _____

The patient was evaluated by Dr. Gendelman and referred to Acupuncturist for evaluation and treatment as necessary.

PTP Diagnosis:
1. L/S
2. (L) knee
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

Subjective Complaints

☐ **Head**					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Numbness	☐ no	☐ yes			
☐ Nausea	☐ no	☐ yes			
☐ **C-Spine**					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ Decreased ROM	☐ no	☐ yes			
☐ Spasm	☐ no	☐ yes			
☐ **T-Spine**					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ Decreased ROM	☐ no	☐ yes			
☐ Spasm	☐ no	☐ yes			
☒ **L-Spine**					
☐ Pain	☐ no	☒ if yes	☐ slight	☒ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased	6/10		
☐ Numbness	☐ no	☒ yes			
☐ Decreased ROM	☐ no	☐ yes			
☒ Spasm	☐ no	☒ yes			
☐ **Chest/Abdomen**					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			

Patient's Name_____ Acc. #_____

☐ R Shoulder
- ☐ Pain ☐ no ☐ if yes ☐ slight ☐ moderate ☐ severe
- ☐ Strength ☐ normal ☐ decreased
- ☐ Numbness ☐ no ☐ yes
- ☐ Decreased ROM ☐ no ☐ yes

☐ R Arm
- ☐ Pain ☐ no ☐ if yes ☐ slight ☐ moderate ☐ severe
- ☐ Strength ☐ normal ☐ decreased
- ☐ Numbness ☐ no ☐ yes

☐ R Elbow
- ☐ Pain ☐ no ☐ if yes ☐ slight ☐ moderate ☐ severe
- ☐ Strength ☐ normal ☐ decreased
- ☐ Numbness ☐ no ☐ yes
- ☐ Decreased ROM ☐ no ☐ yes

☐ R Forearm
- ☐ Pain ☐ no ☐ if yes ☐ slight ☐ moderate ☐ severe
- ☐ Strength ☐ normal ☐ decreased
- ☐ Numbness ☐ no ☐ yes

☐ R Wrist
- ☐ Pain ☐ no ☐ if yes ☐ slight ☐ moderate ☐ severe
- ☐ Strength ☐ normal ☐ decreased
- ☐ Numbness ☐ no ☐ yes
- ☐ Decreased ROM ☐ no ☐ yes

☐ R Hand
- ☐ Pain ☐ no ☐ if yes ☐ slight ☐ moderate ☐ severe
- ☐ Strength ☐ normal ☐ decreased
- ☐ Numbness ☐ no ☐ yes
- ☐ Decreased ROM ☐ no ☐ yes

☐ R Hip
- ☐ Pain ☐ no ☐ if yes ☐ slight ☐ moderate ☐ severe
- ☐ Strength ☐ normal ☐ decreased
- ☐ Numbness ☐ no ☐ ye
- ☐ Decreased ROM ☐ no ☐ yess

☐ R Thigh
- ☐ Pain ☐ no ☐ if yes ☐ slight ☐ moderate ☐ severe
- ☐ Strength ☐ normal ☐ decreased
- ☐ Numbness ☐ no ☐ yes

☐ R Knee
- ☐ Pain ☐ no ☐ if yes ☐ slight ☐ moderate ☐ severe
- ☐ Strength ☐ normal ☐ decreased
- ☐ Numbness ☐ no ☐ yes
- ☐ Decreased ROM ☐ no ☐ yes

☐ R Lower Leg
- ☐ Pain ☐ no ☐ if yes ☐ slight ☐ moderate ☐ severe
- ☐ Strength ☐ normal ☐ decreased
- ☐ Numbness ☐ no ☐ yes

☐ R Ankle
- ☐ Pain ☐ no ☐ if yes ☐ slight ☐ moderate ☐ severe
- ☐ Strength ☐ normal ☐ decreased
- ☐ Numbness ☐ no ☐ yes
- ☐ Decreased ROM ☐ no ☐ yes

Patient's Name_____ Acc. #_____

☐ R Foot					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ Decreased ROM	☐ no	☐ yes			
☐ L Shoulder					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ Decreased ROM	☐ no	☐ yes			
☐ L Arm					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ L Elbow					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ Decreased ROM	☐ no	☐ yes			
☐ L Forearm					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ L Wrist					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ Decreased ROM	☐ no	☐ yes			
☐ L Hand					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ Decreased ROM	☐ no	☐ yes			
☐ L Hip					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ Decreased ROM	☐ no	☐ yes			
☐ L Thigh					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☒ L Knee					
☐ Pain	☐ no	☒ if yes	☐ slight	☐ moderate	☒ severe
☐ Strength	☐ normal	☐ decreased	7/10		
☐ Numbness	☐ no	☒ yes			
☐ Decreased ROM	☐ no	☒ yes			
☐ L Lower Leg					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ L Ankle					

Patient's Name_____ Acc. #_____

☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ Decreased ROM	☐ no	☐ yes			
☐ L Foot					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			
☐ Decreased ROM	☐ no	☐ yes			
☐ _____					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes			

Medical History

☐ Diabetes	☐ Hypertension	☐ Cancer	☐ Epilepsy	☐ Arthritis	☐ Coronary Artery Disease
☐ Pregnant	☐ Hepatitis	☐ Skin Irritation	☐ Heart Disease	☐ Lung Disease	☐ Kidney Disease
☐ Meningitis	☐ Unremarkable	☐ _____	☐ _____	☐ _____	☐ _____

Surgical History

☐ Pacemaker	☐ Post Surgery	☐ Metal Implant	☐ Abdomnal/R/L Inguinal Herniorrhaphy	☐ R/L Rotator Cuff Repair	☐ Spinal Surgery
☐ Elbow Surgery	☒ (L)knee Knee Surgery	☐ Wrist Surgery	☐ Appendectomy	☐ Unremarkable	☐ _____

Observation

Pulse	☐ Superficial	☐ Deep	☐ Rapid	☐ Slippery	
	☐ Choppy	☑ Thin	☐ Soft	☐ Wiry	
Tongue Appearance	☐ Pale	☐ Red	☐ Dark red	☐ Purple	☐ Blue
	☐ Wet	☐ Dry	☐ Red Spots	☐ Swollen	☐ Teeth Marks
	☐ White Coating	☑ Yellow Coating	☐ No Coating	☐ Cracked	

Patient's Name_____ Acc. #_____

Progress Summary

Body Part 1 L/S

	Last Visit	Today	
Pain	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	☐ No change
Spasm	0 1 1+ 2 3 4	0 1 1+ 2 3 4	☐ No change
Tenderness	0 1 2 3 4	0 1 2 3 4	☐ No change
Relaxation	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
ROM	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
Nausea	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
Blood Flow	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
Swelling	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
Sensitivity	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
Numbness	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
Inflammation	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change

Body Part 2 L knee

Pain	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10	☐ No change
Spasm	0 1 1+ 2 3 4	0 1 1+ 2 3 4	☐ No change
Tenderness	0 1 2 3 4	0 1 2 3 4	☐ No change
Relaxation	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
ROM	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
Nausea	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
Blood Flow	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
Swelling	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
Sensitivity	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
Numbness	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change
Inflammation	10 20 30 40 50 60 70 80 90 100 %	improvement since last visit	☐ No change

Patient's Name_____ Acc. #_____

TCM Diagnostics

☐ Qi and blood stagnation in the channel(s):

☐ LU - Lung	☐ LI - Large Intestine	☑ ST - Stomach	☐ SP - Spleen
☐ HT - Heart	☐ SI - Small Intestine	☑ UB - Urinary Bladder	☐ KD - Kidney
☐ PC - Pericardium	☑ SJ - San Jiao	☐ GB - Gall Bladder	☐ LIV - Liver
☐ REN - Conception Vessel	☐ DU - Governing Vessel		

☐ Other _____

Progress Summary

☐ No benefits yet

☐ Temporary pain relief

☐ Unable to tolerate acupuncture

☑ Continues to improve

☐ Reached maximum benefits

Treatment Goals

☑ Reduce Pain	☑ Reduce Tenderness	☑ Increase ROM	☐ Decrease Sensitivity
☑ Reduce Muscle Spasm	☑ Decrease Numbness	☑ Decrease Swelling	☐ Promote Relaxation
	☐ Reduce Nausea	☐ Reduce Inflammation	☐ Increase Blood Flow

Recommendation

☑ Schedule 2 times a week for 4 weeks. ☐ Consult with PTP _____

Treatment Plan

☐ Acupuncture to the following points: ☐ Electroacupuncture to the following points:

LU	LI	ST	SP	HT	SI	UB	KD	PC	SJ	GB	LIV	REN	DU
1☐	1☐	1☐	1☐	1☐	1☐	1☐	1☐	1☐	1☐	1☐	1☐	1☐	1☐
2☐	2☐	2☐	2☐	2☐	2☐	2☐	2☐	2☐	2☐	2☐	2☐	2☐	2☐
3☐	3☐	3☐	3☐	3☐	3☐	3☐	3☐	3☐	3☐	3☐	3☐	3☐	3☐
4☐	4☐	4☐	4☐	4☐	4☐	4☐	4☐	4☐	4☐	4☐	4☐	4☐	4☐
5☐	5☐	5☐	5☐	5☐	5☐	5☐	5☐	5☐	5☐	5☐	5☐	5☐	5☐
6☐	6☐	6☐	6☐	6☐	6☐	6☐	6☐	6☐	6☐	6☐	6☐	6☐	6☐
7☐	7☐	7☐	7☐	7☐	7☐	7☐	7☐	7☐	7☐	7☐	7☐	7☐	7☐
8☐	8☐	8☐	8☐	8☐	8☐	8☐	8☐	8☐	8☐	8☐	8☐	8☐	8☐
9☐	9☐	9☐	9☐	9☐	9☐	9☐	9☐	9☐	9☐	9☐	9☐	9☐	9☐
10☐	10☐	10☐	10☐		10☐	10☐	10☐		10☐	10☐	10☐	10☐	10☐
11☐	11☐	11☐	11☐		11☐	11☐	11☐		11☐	11☐	11☐	11☐	11☐
12☐	12☐	12☐	12☐		12☐	12☐	12☐		12☐	12☐	12☐	12☐	12☐

Patient's Name_____ Acc. #_____

LU	LI	ST	SP	HT	SI	UB	KD	PC	SJ	GB	LIV	REN	DU
	13 ☐	13 ☐	13 ☐		13 ☐	13 ☐	13 ☐		13 ☐	13 ☐	13 ☐	13 ☐	13 ☐
	14 ☐	14 ☐	14 ☐		14 ☐	14 ☐	14 ☐		14 ☐	14 ☐	14 ☐	14 ☐	14 ☐
	15 ☐	15 ☐	15 ☐		15 ☐	15 ☐	15 ☐		15 ☐	15 ☐		15 ☐	15 ☐
	16 ☐	16 ☐	16 ☐		16 ☐	16 ☐	16 ☐		16 ☐	16 ☐		16 ☐	16 ☐
	17 ☐	17 ☐	17 ☐		17 ☐	17 ☐	17 ☐		17 ☐	17 ☐		17 ☐	17 ☐
	18 ☐	18 ☐	18 ☐		18 ☐	18 ☐	18 ☐		18 ☐	18 ☐		18 ☐	18 ☐
	19 ☐	19 ☐	19 ☐		19 ☐	19 ☐	19 ☐		19 ☐	19 ☐		19 ☐	19 ☐
	20 ☐	20 ☐	20 ☐			20 ☐	20 ☐		20 ☐	20 ☐		20 ☐	20 ☐
		21 ☐	21 ☐			21 ☐	21 ☐		21 ☐	21 ☐		21 ☐	21 ☐
		22 ☐				22 ☐	22 ☐		22 ☐	22 ☐		22 ☐	22 ☐
		23 ☐				23 ☐	23 ☐		23 ☐	23 ☐		23 ☐	23 ☐
		24 ☐				24 ☐	24 ☐			24 ☐		24 ☐	24 ☐
		25 ☐				25 ☑	25 ☐			25 ☐			25 ☐
		26 ☐				26 ☑	26 ☐			26 ☐			26 ☐
		27 ☐				27 ☑	27 ☐			27 ☐			27 ☐
		28 ☐				28 ☑				28 ☐			28 ☐
		29 ☐				29 ☑				29 ☐			
		30 ☐				30 ☐				30 ☐			
		31 ☐				31 ☐				31 ☐			
		32 ☐				32 ☐				32 ☐			
		33 ☑				33 ☐				33 ☐			
		34 ☑				34 ☐				34 ☐			
		35 ☑				35 ☐				35 ☐			
		36 ☐				36 ☐				36 ☐			
		37 ☐				37 ☐				37 ☐			
		38 ☐				38 ☐				38 ☐			
		39 ☐				39 ☐				39 ☐			
		40 ☐				40 ☑				40 ☐			
		41 ☐				41 ☐				41 ☐			
		42 ☐				42 ☐				42 ☐			
		43 ☐				43 ☐				43 ☐			
		44 ☐				44 ☐				44 ☐			
		45 ☐				45 ☐							
						46 ☐							
						47 ☐							
						48 ☐							
						49 ☐							

LU	LI	ST	SP	HT	SI	UB	KD	PC	SJ	GB	LIV	REN	DU
						50 ☐ 51 ☐ 52 ☐ 53 ☐ 54 ☐ 55 ☐ 56 ☐ 57 ☐ 58 ☐ 59 ☐ 60 ☐ 61 ☐ 62 ☐ 63 ☐ 64 ☐ 65 ☐ 66 ☐ 67 ☐								

☐ Anmian	☐ Bizhong	☐ Huatuojiaji	☐ Pigen	☐ Sishencong	☐ Yiming
☑ Ashi points	☐ Dannangxue	☐ Jiachengjiang	☐ Qianzheng	☐ Taiyang	☐ Yintang
☐ Bafeng	☐ Dingchuan	☐ Ianqian	☐ Qiuhou	☐ Weiguanxiashu	☐ Yuyao
☐ Baichongwo	☐ Erbai	☐ Jinjin, Yuye	☐ Shanglianquan	☐ Xiyan	☐ Zhongkui
☐ Bailao	☐ Erjian	☐ Lanweixue	☐ Shiqizhui	☐ Yaoqi	☐ Zhongquan
☐ Baxie	☐ Heding	☐ Luozhen	☐ Shixuan	☐ Yaotongxue	☐ Zhoujian
☐ Bitong	☐ Huanzhong		☐ Sifeng	☐ Yaoyan	☐ Zigongxue

☐ Acupressure	☐ Auriculotherapy	☐ Cupping	☐ Herbal Treatment
☐ Hot Pack	☐ Cold Pack	☑ Infrared	☐ Myofascial Release
☐ Therapeutic Exercise	☐ Tuina Massage	☐ _____	☐ _____

Acupuncturist Name Young Tae Kim L. Ac. **Signature** _____

License # AC9394

☑ **Visit was performed with the aid of a Qualified Interpreter**

Name of Interpreter Lucia _____ **Company** Accurate Interpreting

Interpreter Signature _____

Patient Signature _____

Acupuncture Treatment

Patient's Name Santillan, Maria Acct.# 7343

Acupuncture Notes/Codes

Subjective Complaints: Body Part -1 LS

Pain	[ ] not improved	[✓] slightly improved	[ ] improved	[ ] worsened
Spasm	[ ] not improved	[✓] slightly improved	[ ] improved	[ ] worsened
Tenderness	[✓] not improved	[ ] slightly improved	[ ] improved	[ ] worsened
ROM	[ ] not improved	[✓] slightly improved	[ ] improved	[ ] worsened
Swelling	[ ] not improved	[✓] slightly improved	[ ] improved	[ ] worsened

Objective Findings: [ ] Pain [ ] Spasm [ ] Tenderness [ ] Swelling [ ] Redness

[ ] Reduced [ ] No change

Subjective Complaints: Body Part -2 (L) knee

Pain	[✓] not improved	[ ] slightly improved	[ ] improved	[ ] worsened
Spasm	[✓] not improved	[ ] slightly improved	[ ] improved	[ ] worsened
Tenderness	[ ] not improved	[✓] slightly improved	[ ] improved	[ ] worsened
ROM	[✓] not improved	[ ] slightly improved	[ ] improved	[ ] worsened
Swelling	[✓] not improved	[ ] slightly improved	[ ] improved	[ ] worsened

Objective Findings: [ ] Pain [ ] Spasm [ ] Tenderness [ ] Swelling [ ] Redness

[ ] Reduced [ ] No change

Assessment/Comments: [ ] No benefits yet [ ] Temporary relief of symptoms [ ] Continues to improv

---

Treatment Plan: [ ] Continue Current Treatment [ ] Terminate Current Treatment

[ ] Reached Max. Benefits

[ ] Visit was performed with the aid of a Qualified Interpreter

Name of interpreter Lucia Centeno Company Accurate Interpreting, Inc. Signature:

Acupuncturist: Young Tae Kim, L. Ac. License No. AC 9394 Signature:

Visit # Ø Follow up Patient's Signature Date 3/23/16

6200 Wilshire Blvd. Suite 910 Los Angeles, CA 90048 Phone: 323-934-0423 Fax: 323-934-4762

Acupuncture Treatment

Patient's Name Santa Maria, Maria Acct.# 7343

Acupuncture Notes/Codes

Subjective Complaints: Body Part -1 C/S

Pain	[ ] not improved	[✓] slightly improved	[ ] improved	[ ] worsened
Spasm	[ ] not improved	[✓] slightly improved	[ ] improved	[ ] worsened
Tenderness	[✓] not improved	[ ] slightly improved	[ ] improved	[ ] worsened
ROM	[ ] not improved	[✓] slightly improved	[ ] improved	[ ] worsened
Swelling	[ ] not improved	[✓] slightly improved	[ ] improved	[ ] worsened

Objective Findings: [ ] Pain [ ] Spasm [✓] Tenderness [ ] Swelling [ ] Redness

[ ] Reduced [ ] No change

Subjective Complaints: Body Part -2 L/S

Pain	[ ] not improved	[✓] slightly improved	[ ] improved	[ ] worsened
Spasm	[ ] not improved	[✓] slightly improved	[ ] improved	[ ] worsened
Tenderness	[✓] not improved	[ ] slightly improved	[ ] improved	[ ] worsened
ROM	[ ] not improved	[✓] slightly improved	[ ] improved	[ ] worsened
Swelling	[ ] not improved	[✓] slightly improved	[ ] improved	[ ] worsened

Objective Findings: [ ] Pain [ ] Spasm [✓] Tenderness [ ] Swelling [ ] Redness

[ ] Reduced [ ] No change

Assessment/Comments: [ ] No benefits yet [ ] Temporary relief of symptoms [✓] Continues to improve

Treatment Plan: [✓] Continue Current Treatment [ ] Terminate Current Treatment

[ ] Reached Max. Benefits

[X] Visit was performed with the aid of a Qualified Interpreter

Name of Interpreter Lucia Contreras Company: Accurate Interpreting Signature:

Acupuncturist: Young Tae Kim, L. Ac. License No. AC 9394 Signature:

Visit # 41 Patient's Signature Date 7/21/16

6200 Wilshire Blvd. Suite 910 Los Angeles, CA 90048 Phone: 323-934-0423 Fax: 323-934-4762