Maciej Majzel, D.C., Chiropractic Corporation.

Acupuncture [ ]Initial [☒]Follow Up Evaluation

Account # 7343
Date of Injury: 1 / 1 / 2012
Date of Examination: 12 / 21 / 15

Patient's Name: Maria Santillan 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. L4/5
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	6/10		
☐ Decreased ROM	☐ no	☐ yes			
☐ Spasm	☐ no	☐ yes			
☐ T-Spine					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes	1/10		
☐ 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			

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			
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☐ L Hip					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
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☐ Numbness	☐ no	☐ yes			
☐ Decreased ROM	☐ no	☐ yes			
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☐ 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 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
- ☐ 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 Lucia _____ **Company** Premium Interpreting, Inc.

Interpreter Signature _____

Patient Signature ✕ _____

Acupuncture Treatment

Patient's Name Santillan, Maria Acct.# 7343

Acupuncture Notes/Codes

Subjective Complaints: Body Part -1 4/5

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 Luca Lorberas Company: Premium Interpreting, Inc. Signature:

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

Visit # 0 Follow up Patient's Signature Date 12/21/15

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: 1/1/2012
Date of Examination: 12/21/15

Patient's Name: Maria Santillan Gender: ☐ M ☒ F DOB: 3/26/57 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 7. _____
2. (L) knee 8. _____
3. _____ 9. _____
4. _____ 10. _____
5. _____ 11. _____
6. _____ 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	6/10		
☐ Decreased ROM	☐ no	☐ yes			
☐ Spasm	☐ no	☐ yes			
☐ **T-Spine**					
☐ Pain	☐ no	☐ if yes	☐ slight	☐ moderate	☐ severe
☐ Strength	☐ normal	☐ decreased			
☐ Numbness	☐ no	☐ yes	1/10		
☐ 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			

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			
☐ 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			
☐ 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

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 _____ **Company** Premium Interpreting, Inc.

Interpreter Signature _____

Patient Signature X _____

Acupuncture Treatment

Patient's Name Sanfillan, Maria Acct.# 7343

Acupuncture Notes/Codes

Subjective Complaints: Body Part -1 4/5

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 Lucia Lorberas Company: Premium Interpreting, Inc. Signature:

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

Visit # 0 Follow up Patient's Signature Date 12/7/15

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

Maciej Majzel, D.C., Chiropractic Corporation.

Acupuncture [X] Initial [ ] Follow Up Evaluation

Account # 7343
Date of Injury: 1/9/13/15
Date of Examination: 9/3/15

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

Referring Physician: 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) 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 8/10	☐ 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			

☐ 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

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

☒ L Knee
- ☒ Pain ☐ no ☒ if yes 8/10 ☐ slight ☐ moderate ☐ severe
- ☒ Strength ☐ normal ☒ decreased
- ☒ 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

☐ 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 Di
☐ Pregnant	☐ Hepatitis	☐ Skin Irritation	☐ Heart Disease	☐ Lung Disease	☐ Kidney D
☐ Meningitis	☒ Unremarkable	☐ _____	☐ _____	☐ _____	☐ _____

Surgical History

☐ Pacemaker	☐ Post Surgery	☐ Metal Implant	☒ Abdomnal/R/L Inguinal Herniorrhaphy	☐ R/L Rotator Cuff Repair	☐ Spinal Sur
☐ Elbow Surgery	☐ Knee Surgery	☐ Wrist Surgery	☐ Appendectomy	☐ Unremarkable	☒ Inguinal hernia surgery

Observation

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

Progress Summary

Body Part 1 5/5

	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 N	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

more flexibility in knee/therapy

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 10 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	D
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	I
	13 ☐	13 ☐	13 ☐		13 ☐	13 ☐	13 ☐		13 ☐	13 ☐	13 ☐	13 ☐	1
	14 ☐	14 ☐	14 ☐		14 ☐	14 ☐	14 ☐		14 ☐	14 ☐	14 ☐	14 ☐	1
	15 ☐	15 ☐	15 ☐		15 ☐	15 ☐	15 ☐		15 ☐	15 ☐		15 ☐	1
	16 ☐	16 ☐	16 ☐		16 ☐	16 ☐	16 ☐		16 ☐	16 ☐		16 ☐	1
	17 ☐	17 ☐	17 ☐		17 ☐	17 ☐	17 ☐		17 ☐	17 ☐		17 ☐	1
	18 ☐	18 ☐	18 ☐		18 ☐	18 ☐	18 ☐		18 ☐	18 ☐		18 ☐	1
	19 ☐	19 ☐	19 ☐		19 ☐	19 ☐	19 ☐		19 ☐	19 ☐		19 ☐	1
	20 ☐	20 ☐	20 ☐			20 ☐	20 ☐		20 ☐	20 ☐		20 ☐	2
		21 ☐	21 ☐			21 ☐	21 ☐		21 ☐	21 ☐		21 ☐	2
		22 ☐				22 ☐	22 ☐		22 ☐	22 ☐		22 ☐	2
		23 ☐				23 ☐	23 ☐		23 ☐	23 ☐		23 ☐	2
		24 ☐				24 ☐	24 ☐			24 ☐		24 ☐	2
		25 ☐				25 ☐	25 ☐			25 ☐			2
		26 ☐				26 ☐	26 ☐			26 ☐			2
		27 ☐				27 ☐	27 ☐			27 ☐			2
		28 ☐				28 ☐				28 ☐			2
		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
						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	☐ Zhongqui
☐ Baxie	☐ Heding	☐ Luozhen	☐ Shixuan	☐ Yaotongxue	☐ Zhoujian
☐ Bitong	☐ Huanzhong		☐ Sifeng	☐ Yaoyan	☐ Zigongxu

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

Acupuncturist Name Lila Berkheim, L. Ac. Signature Lila Berkheim

License # AC3546

☒ Visit was performed with the aid of a Qualified Interpreter

Name of Interpreter Lucia Contreras Company Premium Interpreting, Inc.

Interpreter Signature

Patient Signature

Acupuncture Treatment

Patient's Name Santillan, Maria Acct.# 7343

Acupuncture Notes/Codes

Subjective Complaints:

Body Part -1 L/S

Pain	___ Same	___ Better	___ Worse
Spasm	___ Same	___ Better	___ Worse
Tenderness	___ Same	___ Better	___ Worse
ROM	___ Same	___ Better	___ Worse

Body Part -2 L Knee

Pain	___ Same	___ Better	___ Worse
Spasm	___ Same	___ Better	___ Worse
Tenderness	___ Same	___ Better	___ Worse
ROM	___ Same	___ Better	___ Worse

Treatment Treatment is helping ___ Yes ___ No

___ Continue Current Treatment ___ Terminate Current Treatment ___ Refer to PTP

Comments: _____

✓ Visit was performed with the aid of a Qualified Interpreter

Name of Interpreter Lucia Contreras Company: Premium Interpreting, Inc. Signature: _____

Acupuncturist: L. Berkheim, L.Ac. License No. AC 3546 Signature: _____

Visit # 8 Patient's Signature _____ Date 9/3/15

Initial

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

Maciej Majzel, D.C., Chiropractic Corporation.

Acupuncture [X] Initial [ ] Follow Up Evaluation

Account # 7343
Date of Injury: 1/9/15
Date of Examination: 9/3/15

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

Dominant Hand: ☒ R ☐ L

Referring Physician: Gendelman Contra Indications _____

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

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

PTP Diagnosis: 1. L/S Lumbar Strain 7. _____
2. _____ 8. _____
3. _____ 9. _____
4. _____ 10. _____
5. _____ 11. _____
6. _____ 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 8/10	☐ 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			

☐ 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

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

☑ L Knee
- ☑ Pain ☐ no ☑ if yes 8/10 ☐ slight ☐ moderate ☐ severe
- ☑ Strength ☐ normal ☑ decreased
- ☑ 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

Progress Summary

Body Part 1 LS

	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

more flexibility in knee/therapy

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 10 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	D
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
	13 ☐	13 ☐	13 ☐		13 ☐	13 ☐	13 ☐		13 ☐	13 ☐	13 ☐	13 ☐
	14 ☐	14 ☐	14 ☐		14 ☐	14 ☐	14 ☐		14 ☐	14 ☐	14 ☐	14 ☐
	15 ☐	15 ☐	15 ☐		15 ☐	15 ☐	15 ☐		15 ☐	15 ☐		15 ☐
	16 ☐	16 ☐	16 ☐		16 ☐	16 ☐	16 ☐		16 ☐	16 ☐		16 ☐
	17 ☐	17 ☐	17 ☐		17 ☐	17 ☐	17 ☐		17 ☐	17 ☐		17 ☐
	18 ☐	18 ☐	18 ☐		18 ☐	18 ☐	18 ☐		18 ☐	18 ☐		18 ☐
	19 ☐	19 ☐	19 ☐		19 ☐	19 ☐	19 ☐		19 ☐	19 ☐		19 ☐
	20 ☐	20 ☐	20 ☐			20 ☐	20 ☐		20 ☐	20 ☐		20 ☐
		21 ☐	21 ☐			21 ☐	21 ☐		21 ☐	21 ☐		21 ☐
		22 ☐				22 ☐	22 ☐		22 ☐	22 ☐		22 ☐
		23 ☐				23 ☐	23 ☐		23 ☐	23 ☐		23 ☐
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		26 ☐				26 ☐	26 ☐			26 ☐		
		27 ☐				27 ☐	27 ☐			27 ☐		
		28 ☐				28 ☐				28 ☐		
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		31 ☐				31 ☐				31 ☐		
		32 ☐				32 ☐				32 ☐		
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		36 ☐				36 ☐				36 ☐		
		37 ☐				37 ☐				37 ☐		
		38 ☐				38 ☐				38 ☐		
		39 ☐				39 ☐				39 ☐		
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		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
						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	☐ Zhongqua
☐ Baxie	☐ Heding	☐ Luozhen	☐ Shixuan	☐ Yaotongxue	☐ Zhoujian
☐ Bitong	☐ Huanzhong		☐ Sifeng	☐ Yaoyan	☐ Zigongxu

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

Acupuncturist Name Lila Berkheim, L. Ac. Signature Lila Berkheim

License # AC3546

☒ Visit was performed with the aid of a Qualified Interpreter

Name of Interpreter Lucia Contreras Company Premium Interpreting, Inc.

Interpreter Signature _____

Patient Signature X _____

Acupuncture Treatment

Patient's Name Santillan, Maria Acct.# 7343

Acupuncture Notes/Codes

Subjective Complaints:

Body Part -1 L/S Pain ___ Same ___ Better ___ Worse

Spasm ___ Same ___ Better ___ Worse

Tenderness ___ Same ___ Better ___ Worse

ROM ___ Same ___ Better ___ Worse

Body Part -2 L Knee Pain ___ Same ___ Better ___ Worse

Spasm ___ Same ___ Better ___ Worse

Tenderness ___ Same ___ Better ___ Worse

ROM ___ Same ___ Better ___ Worse

Treatment Treatment is helping ___ Yes ___ No

___ Continue Current Treatment ___ Terminate Current Treatment ___ Refer to PTP

Comments:

✓ Visit was performed with the aid of a Qualified Interpreter

Name of Interpreter Lucia Contreras Company: Premium Interpreting, Inc. Signature:

Acupuncturist: L. Berkheim, L. Ac. License No. AC 3546 Signature:

Visit # 8 Patient's Signature Initial Date 9/3/15

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