



Harmony Acupuncture and Sound Healing

PATIENT FOLLOW-UP INFORMATION

While you are waiting - Please complete and answer the following questions. This is an update on your medical condition after your last acupuncture treatment. *Any changes, slight or significant will help tell how effective the last treatment was.*

1. How was your last acupuncture treatment? (Check all that apply)

Do you have a sense of what part of the treatment worked best or made any condition worse?

- Good Results Fair Results No Results Condition worse Unsure
- Comfortable Relaxing Painful Exhausting

Comments: _____

2. In this treatment, what conditions do you want to work on, in order of priority:

- a. _____
- b. _____
- c. _____

Do you prefer more time with needles or sound work during this treatment?

Needles _____ or Sound _____

3. If you have noticed any changes since your last treatment, please indicate where you have seen the changes. Remember that acupuncture works to balance the whole person. For example, a physical problem may affect one's emotions or visa versa.

- Physical Mental Emotional Energy level

Comments: _____

4. In this last week did you have: (Check and describe)

- Headaches Dizziness Pain Numbness
- Vision problem Hearing problem Sinus problem Breathing problem

Comments: _____

5. Briefly describe the following conditions during the last week:

Digestion: _____

Mood: _____

Sleep: _____

Over-all Well Being: _____

Patient Name: _____ **Date:** _____