



# 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:** \_\_\_\_\_