

KAISER

ACUPUNCTURE  MASSAGE THERAPY

Musculoskeletal Pain:

- | | | |
|------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Neck Pain | <input type="checkbox"/> Shoulder Pain | <input type="checkbox"/> Upper Back Pain? |
| <input type="checkbox"/> Mid-Back Pain? | <input type="checkbox"/> Rib Pain? | <input type="checkbox"/> Low Back Pain? |
| <input type="checkbox"/> Sciatica? | <input type="checkbox"/> Shoulder Pain? | <input type="checkbox"/> Elbow Pain? |
| <input type="checkbox"/> Hip Pain? | <input type="checkbox"/> Knee Pain? | <input type="checkbox"/> Foot/Ankle Pain? |
| <input type="checkbox"/> Hand Pain/ Carpal Tunnel Syndrome | | |
| <input type="checkbox"/> Rotator Cuff Syndrome | | |

Do you have muscle spasms? _____ Where? _____

Do you have limited range of motion? _____ Where? _____

Describe your pain?

Patient Signature: _____

Date: _____

Acupuncturist Signature: _____

Date: _____