American Specialty Health Plans of California, Inc. (ASH Plans)
P. O. Box 509002, San Diego, CA 92150-9002
FAX: 877.248.2746

PATIENT PROGRESS

Patient completes this form. Acupuncture
For questions, please call ASH Plans at 888.226.8879

(PLEASE PRINT LEGIBLY)

Patient Name _____

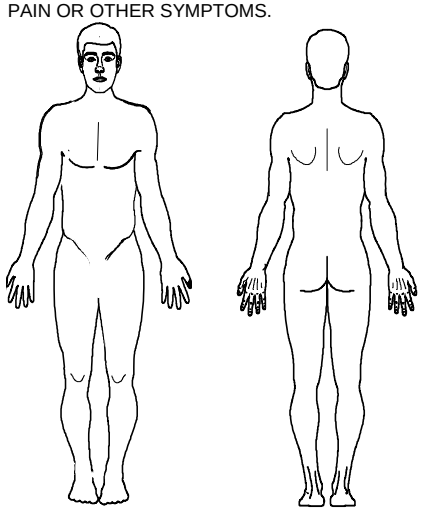
Patient, please complete the following questions regarding how you feel today.

1. How do you feel today?

Circle your pain level today

0 1 2 3 4 5 6 7 8 9 10
No Pain Unbearable Pain

MARK AN X ON THE PICTURE WHERE YOU HAVE PAIN OR OTHER SYMPTOMS.



Circle average and the worst pain level over the past week

0 1 2 3 4 5 6 7 8 9 10
No Pain Unbearable Pain

2. Are you getting better?

Current Condition(s)/Complaint(s)		**Rate your overall progress since starting care**
1. _____	_____ %	(0% = No improvement and 100% = Fully recovered)
2. _____	_____ %	(0% = No improvement and 100% = Fully recovered)
3. _____	_____ %	(0% = No improvement and 100% = Fully recovered)

In the past week, on average how often have your symptoms been present?
(Intermittent) ☐ 0 – 25% ☐ 26 – 50% ☐ 51 – 75% ☐ 76 – 100% (Constant)

Currently, how much has your pain interfered with your daily activities (e.g., work, social activities, or household chores?)

0 1 2 3 4 5 6 7 8 9 10
No interference Unable to carry on any activities

Which type(s) of treatment appear to be most helpful to your condition(s)?

☐ Acupuncture treatment ☐ Nutritional supplements ☐ Rehab Exercise/Home Care
☐ Chinese herbs ☐ Prescription Medication(s) ☐ Spinal Adjustment/Manipulation
☐ Massage therapy ☐ Physical therapy ☐ Other: _____

3. Is there anything new?

Have you had any new complaints/conditions? ☐ No ☐ Yes

Have you had any re-injuries or events that have prolonged your recovery? ☐ No ☐ Yes

Explain: _____

I certify the above information is complete and accurate to the best of my knowledge. I agree to notify this provider immediately whenever I have changes in my health condition or health plan coverage in the future.

Patient Signature: _____ **Date:** _____