

ADDRESS INIT NAME
..... DOB NO

1. Date DIAGNOSIS Duration
HISTORY
EXAM AGE M/F
cont'd over

Rx points

VAS (0-100)
OTHER
HISTORY
DRUGS No. of needles Duration Mild / Strong / Elec Hz

2. Date Rx points
nil..good..excellent
..... hrs
..... days
..... wks
worse ?

VAS No. of needles Duration Mild / Strong / Elec Hz

3. Date Rx points
nil..good..excellent
..... hrs
..... days
..... wks
worse ?

VAS No. of needles Duration Mild / Strong / Elec Hz

4. Date Rx points
nil..good..excellent
..... hrs
..... days
..... wks
worse ?

VAS No. of needles Duration Mild / Strong / Elec Hz

5. Date Rx points
nil..good..excellent
..... hrs
..... days
..... wks
worse ?

VAS No. of needles Duration Mild / Strong / Elec Hz

6. Date Rx points
nil..good..excellent
..... hrs
..... days
..... wks
worse ?

VAS No. of needles Duration Mild / Strong / Elec Hz

