

Study ID: _____

Visit Date: _____/_____/202__

Visit No (check Box) 1 2 3 4 5 6

Visit Start Time: ____:____ Visit End Time: ____:____

Notes for Provider:

How is your pain today on a scale of 0-10? _____

Were there any adverse events from the last treatment: No Yes, explain: _____

Please check all the elements that were part of this treatment:

Asking Interview ROM observation Palpation of region, channels, Hara

Points Needed: (use Grid below)

GO TO ACUPUNCTURE POINT INSERTION GRAPHIC BELOW (END OF DOC)

Number of Needles Used: _____ Local Points: No Yes Distal Points: No Yes

Needle Retention Time (minutes): Minimum: _____ Maximum: _____ Average: _____

De qi: No Some Most/All Needle Length(s): _____

Please check all the elements that were part of the end of this treatment:

Resting after needles removed Assess pain and ROM, patient's readiness to leave Confirmation of next appt

What is the status of this patient (please check the most appropriate box):

1. Continuing LBP focused treatment;
2. LBP problems improved, expanded focus to potentially contributing factors to enhance sustained outcomes (please describe: _____)
3. LBP and potentially contributing factors largely resolved, focus on maintenance of effect
4. Patient has completed treatment
5. treatment unlikely to be effective for this individual (acupuncture nonrespondent), don't recommend continuing

Is there anything that this study has restricted you from doing that you would have wanted to do? (Check all that apply)

- | | |
|---------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Moxibustion | <input type="checkbox"/> Guasha |
| <input type="checkbox"/> Other heat | <input type="checkbox"/> Tuina |
| <input type="checkbox"/> Electroacupuncture | <input type="checkbox"/> Herbs |
| <input type="checkbox"/> Cupping | <input type="checkbox"/> Other (specify): _____ |

Self care recommendations (check all that apply):

- None
- Movement, activity, exercise
- Meditative movement (QiGong, Tai Chi, Yoga)
- Food/diet/water: general
- Guidance on breathing awareness
- Other (specify): _____

Did you use ear seeds? No Yes

Was this session abbreviated because of lack of time: No Yes

Were there any adverse events during this treatment: No Yes, explain: _____

COMPLETE THESE AT FIRST VISIT ONLY	Needle Gauge(s) (mm) _____
Needles are: <input type="checkbox"/> Coated <input type="checkbox"/> Uncoated	Needle Manufacturer: _____

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Back of the Body									
Left			C	Right					
BL	BL	HTJJ	GV	HTJJ	BL	BL			
	BL10				BL10				
	BL11	T1	GV14	T1	BL11				
BL41	BL12	T2		T2	BL12	BL41			
BL42	BL13	T3		T3	BL13	BL42			
BL43	BL14				BL14	BL43			
BL44	BL15	T5	GV11	T5	BL15	BL44			
BL45		T6		T6		BL45			
BL 46	BL17	T7		T7	BL17	BL 46			
BL 47	BL18	T9		T9	BL18	BL 47			
BL48	BL19	T10		T10	BL19	BL48			
BL 49	BL20	T11		T11	BL20	BL 49			
BL50	BL21	T12		T12	BL21	BL 50			
Pi Gen	BL51	BL22	L1	L1	BL22	BL51	Pi Gen		
BL52	BL23	L2	GV4	L2	BL23	BL52			
	BL24	L3		L3	BL24				
Yao Yan	BL25	L4	GV3	L4	BL25	Yao Yan			
Huan Zhong						Huan Zhong			
	BL26	L5	SQZX	L5	BL26				
SI Joint	BL27				BL27	SI Joint			
BL53	BL28				BL28	BL53			
	BL29				BL29				
	BL30				BL30				
GB29						Gb 29			
GB30						Gb30			
	BL31				BL31				
	BL32				BL32				
BL54	BL33		GV2		BL33	BL54			
	BL34				BL34				
	BL35				BL35				

Left		C	Right	
Gb 20		Head		GB 20
GB 21				GB21
		Yin Tang		
	LI4	Hand	LI4	
Anterior				
		CV		
		12		
GB26	ST25		St 25	GB26
		6		
GB27		4		GB27
		3		
Left Ear		Right Ear		
Shen Men		Shen Men		
Back		Back		
Hip		Hip		
Leg		Leg		
Knee		Knee		
Ankle		Ankle		

Back of the Legs			
BL36		BL36	
BL37		BL37	
BL 38		BL38	
BL 39		BL 39	
BL 40		BL 40	
BL 57		BL 57	
BL58		BL58	
BL 59		BL 59	
BL 60		BL 60	
BL 62	SI3	SI3	BL62

Front of the Legs and Feet							
Left				Right			
GB31							GB31
GB34	ST36					ST36	GB34
	ST37					ST37	
GB37							GB37
GV39							GB39
		SP6	KI7	KI7	SP6		
GB40		Sp5	KI4	KI4	Sp5		GB40
TW5	GB41		KI3	KI3		GB41	TW5
	Liv 3	SP2			SP2	Liv 3	

Ashi (Location):
Ashi (Location):
Ashi (Location):
Other _____ . Rationale:
Other _____ . Rationale:
Other _____ . Rationale: