

M25.511
M54.12M54.2
M75.102

Expiration Date: 5/1/2026

Primary Care Physician: Dr Ayoub

Physician Phone #: 800 443-0815

Employer: Retired

Job Description:

Are you under the care of a physician? No Yes ✓ for what conditions? Shoulder

Please describe your current health problem(s): Need Shoulder replacement

When it began? Nov/24

How it happened? Overtime usage / Fall

What treatment have you received for the above condition(s)? Surgery _____ Medications ✓ Physical Therapy _____ Chiropractic _____
Massage _____ Injections _____ Other _____How often are your symptoms in the past week? 0-10% _____ 11-20% _____ 21-30% _____ 31-40% _____ 41-50% _____
51-60% _____ 61-70% _____ 71-80% ✓ 81-90% _____ 91-100% _____

Average Pain Level in the past week 0 1 2 3 4 5 6 7 8 9 10 (*10 = Excruciating)

Worse Pain Level in the past week 0 1 2 3 4 5 6 7 8 9 10 (*10 = Excruciating)

Current Pain Level 0 1 2 3 4 5 6 7 8 9 10 (*10 = Excruciating)

How has it interfered with your daily activity: [Currently] 0 1 2 3 4 5 6 7 8 9 10 (*10 = Excruciating)

New Complaints? No ✓ Yes _____ Explain: _____

Re-injuries? No ✓ Yes _____ Explain: _____

Which type of treatment(s) have been helpful to your condition(s)? Acupuncture ✓ Chinese Herbs _____ Massage Therapy _____

Nutritional Supplements _____ Prescription Medication(s) _____ Physical Therapy _____ Rehab/Home Care _____

Spinal Adjustment/Manipulation _____ Other _____

List the activities (sleep, work, recreation) you are monitoring for progress and any measurable results:^{*}

Activity

Measurements (how much, how long, how far?)

How has it changed

Sleep

4 hours

none

recreation

1 hour

none

House hold

2 hour

none

Pain Medication (Name, Dosage, Frequency): Advil

Pertinent Health history: _____

Pain Quality: Sharp ✓ Throbbing _____ Ache ✓ Burning _____ Numb _____ Tingling _____

Rate overall progress since starting acupuncture: Excellent _____ Good _____ Fair _____ Poor _____ Worse _____

How long does relief last? Hours _____ if so, how many _____ Days _____ if so, how many _____ ; If varies, indicate from last treatment

Which treatment course would you like for upcoming visits? 1/week _____ 2/week ✓

Will you be out of town, if so please indicate when?

Height 5 ft 2 inches

Weight 170 lbs

Blood Pressure _____

Pregnant? No ✓ Yes _____

of weeks _____

Physician for Pregnancy _____

SIGNATURE: _____

TODAY'S DATE: