



ABUNDANCE ACUPUNCTURE, INC.

☯ W1185 McCrae Road, Fall River, WI 53932 (920) 484-5000 ☯

“Realize the wonderful benefits of Oriental Medicine”

RE-EVALUATION QUESTIONNAIRE

Name: _____		Date: _____
Treatment # _____ of _____ Re-exam # _____ Current frequency of treatments per week/month: 1 2 3 4 5		
<p>☯ What aspects of your treatment are you most satisfied with?</p> <hr/> <hr/> <hr/> <hr/>		Please leave this space blank for office notes.
<p>☯ If you are currently taking herbal formulas or supplements, are you taking them as prescribed?</p> <hr/> <hr/> <hr/> <hr/>		
<p>☯ List any new conditions since the last re-evaluation (or initial treatment).</p> <hr/> <hr/> <hr/> <hr/>		
<p>☯ How has Oriental Medicine improved your health?</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
Please describe any symptoms, mood, or energy level changes. Have you made any lifestyle or dietary changes? Any improvements daily life and routine?		

CONTINUE ON OTHER SIDE

☯ If your health continues to improve what changes or opportunities would this create in your life?

Please leave this space blank for office notes

☯ Please list the most important health improvements you currently wish to make. Go ahead and include any goals even if they seem impossible.

☯ Our staff works as a team and we all review this information. Would you like to make any acknowledgements or compliments?

Would you recommend a friend for a free, complimentary initial consultation? There will be no charges or obligations for further services with this consultation.

_____ Name of friend or family member

_____ Phone #

Your Signature:

Please leave this space blank for office notes:

Pulse:

Tongue:

Recommended Changes/Treatment Frequency

Assessed by: