

_____ **GROUP VISITS**

NAME: _____ **DATE:** _____

What did you try this week to help your body feel better? Circle below

- Eat 3 fruits a day Eat 3 vegetables a day Adding more fiber Vitamin D
Acupuncture Stretching Meditation Exercise Other:

What changes are you making to your eating to help your body?

Where in your body are you having discomfort?

How would you rate your pain today?

No pain imaginable **Worst pain**
0 1 2 3 4 5 6 7 8 9 10

How would you rate your mood today?

I feel happy **Worst mood imaginable,**
very depressed
0 1 2 3 4 5 6 7 8 9 10

What medications have you used to help you with your pain?

Have any of your medications changed? **No / Yes if yes please list**

How many cigarettes do you smoke a day? _____

Have you had any problems with following?

Trouble sleeping	YES	NO
Tiredness/ fatigue	YES	NO
Problems with stomach like constipation	YES	NO
Neck or back pain	YES	NO
Headaches	YES	NO
Problems with urination	YES	NO

8) Any other concerns?

Vitals:

Blood Pressure:

Pulse:

Weight :