____ GROUP VISIT

NAME:						SESSION #:					DA	DATE:		
1) D	o you	need to s	see the	doctor p	orivately	/ toda	ay? N	o / Ye	s					
2) H	ow w	ould you	rate yo	ur pain	today?									
No	pain 0	1	2	3	4	5	6	7		8	9	Worst pain imaginable		
3) H	ow we	ould you	rate yo	ur mood	d today?	?								
I fe	eel ha	ppy 1	2	3	4	5	6	7		8	9	Worst mood imaginab 10		
4) H	ave yo	ou had an	ıy probl	lems wi	th the fo	ollow	ing:							
	a.		-	_			YES							
		Problem		-			YES							
		Headach Problem		_	oasis		YES YES							
		ny of you										es No / Yes		
7) Di	id you	visit the	emerge	ency roc	om since	e our	last gro	oup visi	t?	No /	Yes			
8) W	hat ho	ome pract	tices dic	ł you do	o this pa	ıst we	eek? (C	ircle all	that	appl	y)			
	Tried New Foods Yoga]	Meditation/Mindfulness							
	Bod	ly scan		Jou	rnaling		Mindfu	ıl eating	;		Other:	:		
9) F	How n	nany ciga	rettes d	lo you s	moke a	day?	·	_						
10) A	Any ot	her conce	erns?											
	Vita	als: pleas	se recoi	cd in vi	tals trac	cker	in bind	ler						
	Bloc	od Pressu	re:			Pu	ılse:			Weig	ght:			