

# Head & Neck Acupuncture

Patient Name:

SRDP Ref no:

Condition:

Treatment session no:

Points:

No. of needles:

Duration:

Dry Needling: Y N

TENS: Y N Frequency:

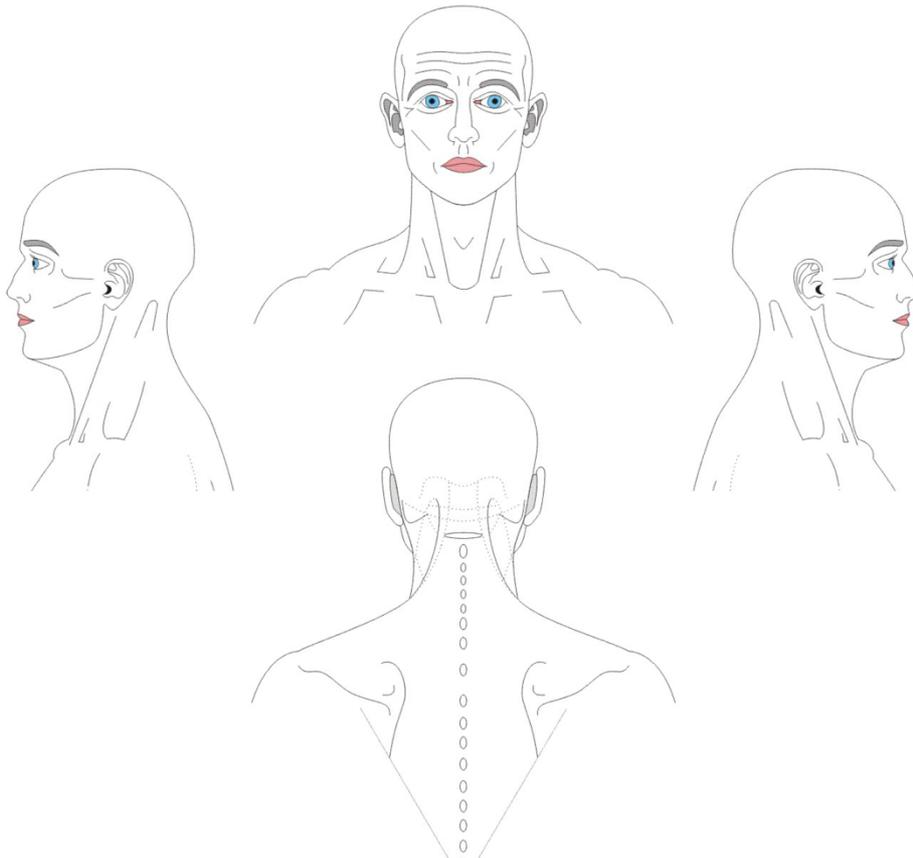
Intensity:

Electroacupuncture: Y N Frequency:

Intensity:

Response / feedback:

Nil Fair Good Excellent



Patient Signature: