Follow up Visit	InterX therapist form 2
	Patient name Date:
RECORD YOUR PATIENT'S IMPROVEM	IENT in symptoms as related to the last visit:
 □ Marked Improvement – Complete o □ Moderate Improvement – Partial eli □ Minimal Improvement – Slight decr □ No Change □ Minimally worse – Slight increase □ Much Worse – Substantial increase □ Don't know/Not Applicable 	or nearly complete elimination of symptoms imination of symptoms rease in symptoms which doesn't substantially alter patient status in symptoms in symptoms
RECORD ANY MEDICATIONS TAKEN S	INCE THE LAST VISIT:
RECORD ANY CHANGES THAT HAVE O	CCURRED SINCE THE LAST VISIT:
DBSERVATIONS/EXAMINATION:	
OBSERVATIONS/EXAMINATION.	
PAIN LOCATION EVALUATION before tre	eatment 0 1 2 3 4 5 6 7 8 9 10 No pain Pain at worst reatment Point of pain: If multiple, dominant point

	Observation		Palpation		ROM		Muscle tone	Strength	Function	
	Oedema	Erythema	Rash	Tender	Hot	Limitation	Stiffness			
Before										
After										

CIRCLE THE AREA WHERE YOU FOUN	ND ACTIVE SITES: On the diagram below Pain Quality/Description: ———————————————————————————————————	
	How has the pain/discomfort changed? • More localized • Dispersed • Moved • Turn into dull ache • Aggravation at rest (night) Other findings	
TREATMENT APPROACH:	□ □ 6 trigeminal points	min
	□ □ o trigeniniai points	min
□ HS(s)		
		min
		min
□ Spinal Root		min
☐ Complaint Region: Cervical; Thoracic; Lum	nbar; Sacral	min
☐ Dermatomes:		min
□ 24 Source points		min
☐ Flex array: Cycle	Location time	min
☐ Flex array: Cycle	Location time	min
□ Other:		
IMMEDIATE TREATMENT OUTCOME:	.: □ Pain 0 1 2 3 4 5 6 No pain	7 8 9 10 Pain at wors
PATIENT STATUS: Continued InterX treatment:		
	another specialist	_
\Box_4 Discharged with no further InterX treat	tment / with InterXhome unit – plan:	
Other therapies used:	Practitioner Signature:	