

**For Bell's Palsy  
Patients Only**



**Hold Middle Acupuncture P.C.**  
66 East 80<sup>th</sup> St. 1A, New York, NY • www.holdmiddle.com • Tel: :

	Initial evaluation	1st Re-evaluation	2nd Re-evaluation
DATE/number of the session	02/03/14 1st session	02/07/14 5 <sup>th</sup> session	02/23/14 10 <sup>th</sup> session
Did you have a cold or fever before Bell's Palsy's happened?	NO	N/A	N/A
Do you have facial nerve paralysis with Shingles/Lyme Disease?	NO	N/A	N/A
Is there any leak when you're chewing food or brushing teeth?	yes	little	No
Do you have any pain/pressure around your ear or cheek?	yes	little	No
Is your affected side ear sensitive to high pitch sound?	yes	little	little
Does your affected side eye tear/sensitive to light or/and wind?	yes	little	little
Does your nose run?	NO	NO	No
Do you bite on your tongue/lips?	NO	NO	No
Can you chew on the affected side?	yes	yes	Yes
Do you find difficulty in talking clearly?	yes	little	little
Do you have any change of sense of taste?	Same	Same	No
Do you feel any twitches/tightness in the face area?	yes	NO	NO
Can you whistle?	NO	little	Yes.
OTHER(Please list any symptoms which are not listed above):	Had alot of pain in face.	least pain	less pain

3rd  
03/07/14  
13<sup>th</sup>  
session  
  
NO  
NO  
NO  
eye tear  
Better  
NO  
NO  
Yes  
little  
NO  
cheek  
NO pain

**\*The following questions are finished by the Acupuncturist\***

Can the patient close affected eye fully?	No	70% closed	90% closed
Can the patient raise both eyebrows?	No	20% better	70% better
Can the patient smile with the mouth centered?	No	No	Yes.
Can the patient blow both cheeks?	No	50% better	Yes. 100%
Do the patient still have any discomforts Bell's Palsy related?	No	No	No.

100% closed  
100% better  
Yes  
Yes  
No