For Bell's Palsy Patients Only

Hold Middle Acupuncture P.C.

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	Initial evaluation	1st Re-evaluation	2nd Re-evaluation
DATE/number of the session	03/02/14 1st session	03/11/14 5th session	03/30/14 8th 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	Yes	No
Do you have any pain/pressure around your ear or cheek?	No	No	No
Is your affected side ear sensitive to high pitch sound?	No	No	No
Does your affected side eye tear/sensitive to light or/and wind?	Yes	No	No
Does your nose run?	No	No	No
Do you bite on your tougue/lips?	No	No	No
Can you chew on the affected side?	Yes	Yes	Yes
Do you find difficulty in talking clearly?	Yes	No	No
Do you have any change of sense of taste?	Yes	No	No
Do you feel any twitches/tightness in the face area?	No	No	No
Can you whitsle?	Yes	Yes	Yes
OTHER(Please list any symptoms which are not listed above):			

The following questions are finished by the Acupuncturist

Can the patient close affected eye fully?	80% closed	100%.	100%
Can the patient raise both eyebrows?	No.	Yes 95%.	100%
Can the patient smile with the mouth centered?	95% centered	100% centered	100%
Can the patient blow both cheeks?	85%. capable	100% centered	100%
Do the patient still have any discomforts Bell's Palsy related?			still a little asymmetry when smile.