For Bell's Palsy Patients Only

NYC Acupuncture Office for Bell's Palsy

66 East 80th St. 1A, New York, NY • www.bpacupuncture.com • Tel: 212-731-9826

	Initial evaluation	1st Re-evaluation	2nd Re-evaluation
DATE/number of the session	___/___/___ 1st session	___/___/___ session	___/___/___ session
Did you have a cold or fever before Bell's Palsy's happened?		N/A	N/A
Do you have facial nerve paralysis with Shingles/Lyme Disease?		N/A	N/A
Is there any leak when you're chewing food or brushing teeth?			
Do you have any pain/pressure around your ear or cheek?			
Is your affected side ear sensitive to high pitch sound?			
Does your affected side eye tear/sensitive to light or/and wind?			
Does your nose run?			
Do you bite on your tougue/lips?			
Can you chew on the affected side?			
Do you find difficulty in talking clearly?			
Do you have any change of sense of taste?			
Do you feel any twitches/tightness in the face area?			
Can you whitsle?			
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?			
Can the patient raise both eyebrows?			
Can the patient smile with the mouth centered?			
Can the patient blow both cheeks?			
Do the patient still have any discomforts Bell's Palsy related?			