

Quarterly Acupuncture Supervision Report

Page # _____

(This page may be photocopied as many time as necessary for the appropriate number of pages needed.)

Practitioner _____ Supervisor _____

Date of Treatment	Patient ID	Symptom(s) as presented by patient or the chief complaint of the patient – do NOT list a Western medical diagnosis	Is this the FIRST time you have seen/treated this patient?
			Yes or No
			Yes or No
			Yes or No
			Yes or No
			Yes or No
			Yes or No
			Yes or No
			Yes or No

Totals for THIS PAGE ONLY – Number of treatments = _____

Number of FIRST time patients = _____

Total Number of Treatments / Total Number of First time patients:

Page 1 _____ / _____

Page 2 _____ / _____

Page 3 _____ / _____

Page 4 _____ / _____

Page 5 _____ / _____

Page 6 _____ / _____

Page 7 _____ / _____

Page 8 _____ / _____

Page 9 _____ / _____

Page 10 _____ / _____

Page 11 _____ / _____

Page 12 _____ / _____

Page 13 _____ / _____

Page 14 _____ / _____

Page 15 _____ / _____

Page 16 _____ / _____

Page 17 _____ / _____

Page 18 _____ / _____

Page 19 _____ / _____

Page 20 _____ / _____

Page 21 _____ / _____

Page 22 _____ / _____

Page 23 _____ / _____

Page 24 _____ / _____

Page 25 _____ / _____

Page 26 _____ / _____

Page 27 _____ / _____

Page 28 _____ / _____

Page 29 _____ / _____

Page 30 _____ / _____

Page 31 _____ / _____

Page 32 _____ / _____

Page 33 _____ / _____

Page 34 _____ / _____

Page 35 _____ / _____

Page 36 _____ / _____

Page 37 _____ / _____

Page 38 _____ / _____

Page 39 _____ / _____

Page 40 _____ / _____

Page 41 _____ / _____

Page 42 _____ / _____

Page 43 _____ / _____

Page 44 _____ / _____

Page 45 _____ / _____

Page 46 _____ / _____

Page 47 _____ / _____

Page 48 _____ / _____

Page 49 _____ / _____

Page 50 _____ / _____

Page 51 _____ / _____

Page 52 _____ / _____

Page 53 _____ / _____

Page 54 _____ / _____

Use additional pages if necessary.

Total treatments for this Quarterly Report = _____ Total number of FIRST time patients for this Quarterly Report = _____

September 2018

Keep track of your totals.

Quarterly Report #1 Totals: Number of Treatments = _____

Number of FIRST time Patients = _____

Quarterly Report #2 Totals: Number of Treatments = _____

Number of FIRST time Patients = _____

Quarterly Report #3 Totals: Number of Treatments = _____

Number of FIRST time Patients = _____

Quarterly Report #4 Totals: Number of Treatments = _____

Number of FIRST time Patients = _____

If needed –

Quarterly Report #5 Totals: Number of Treatments = _____

Number of FIRST time Patients = _____

Quarterly Report #6 Totals: Number of Treatments = _____

Number of FIRST time Patients = _____

Supervisory Period Grand Totals:

Number of Treatments = _____

Number of First time Patients = _____

(KEEP COPIES OF ALL QUARTERLY REPORT PAGES FOR YOUR PERSONAL FILES.)

September 2018