

Patient ID	Number of TXs	Date of TX	PATIENT PRESENTATION	NEW PATIENT	EXISTING PATIENT
TOTALS					
PREVIOUS TOTALS					
GRAND TOTALS					

INTERN'S SIGNATURE

Intern's Signature

Date Signed

SUPERVISING PHYSICIAN'S SIGNATURE

Supervising Physician Signature

Date Signed

QUARTERLY BI-WEEKLY TREATMENT EVALUATION REPORT

Intern: _____ Supervising Physician: _____

DATE: _____

TX: _____

Patient ID: _____

CC: _____

Supervisor Evaluation

Intake Skills:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
DX & Exam Process:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Point Prescription:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Safety/Professionalism:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Needling Technique:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average

Additional Comments:

INTERN'S SIGNATURE

Intern's Signature

Date Signed

SUPERVISING PHYSICIAN'S SIGNATURE

Supervising Physician Signature

Date Signed