

IASIS MCN PATIENT TREATMENT LOG

Patient Date

Treatment number

Sensitivity level

Genesis - Calm Energy - Activation - Activation + - Neuro Blast

Frequency of treatments \_\_\_\_\_\_\_ times a week - weekly - biweekly - other

Electrode pair placement:

Standard 3 - other areas

Number of cycles

Pulse width - 0, 1

PS - Photon Stimulator (IR Device):

Number of minutes per finger:

On head:

Subjective symptoms:

Pain 0-10 \_\_\_\_ where sleep 0-10 \_\_\_\_

Headaches 0-10\_\_\_\_ how often Gut problems 0-10\_\_\_\_

Anxiety 0-10 \_\_\_\_ Depression 0-10 \_\_\_\_

Pain or sensitivity to light, sound memory or focus problems 0-10 \_\_\_\_

Other symptoms

Estimated number of treatments

Treatment given by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_