

Name _____ Treatment # _____ Date _____

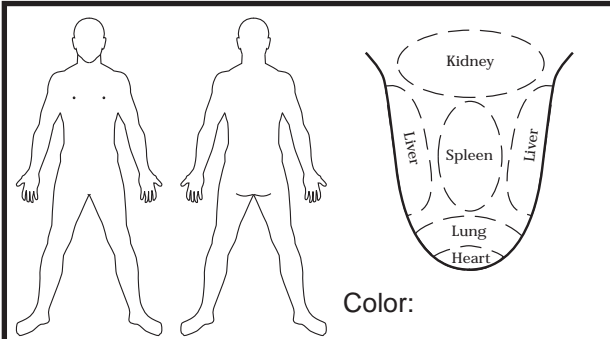
Previous Treatment _____ Practitioner Signature: _____

Dx: _____

Tx: _____

Herbs/Advice/Activity: _____

Interior/Exterior
 Superficial/Deep
 Hot/Cold
 Excess/Deficient
 Yin/Yang



Alarm Points
 LU 1 CV17 CV14 CV12 ST25 CV5
 CV4 CV3 LV14 GB24 LV13 GB25

Color: _____
 Coating: _____
 Shape: _____

Ht/Si	Chop	Deep	Empt	Fast
	Floo	Firm	Full	Hidd
	Irre	Knot	Minu	Slip
	Slow	Soft	Supé	Thin
	Tigh	Weak	Wiry	

Lu/Li	Chop	Deep	Empt	Fast
	Floo	Firm	Full	Hidd
	Irre	Knot	Minu	Slip
	Slow	Soft	Supé	Thin
	Tigh	Weak	Wiry	

Lv/Gb	Chop	Deep	Empt	Fast
	Floo	Firm	Full	Hidd
	Irre	Knot	Minu	Slip
	Slow	Soft	Supé	Thin
	Tigh	Weak	Wiry	

Sp/St	Chop	Deep	Empt	Fast
	Floo	Firm	Full	Hidd
	Irre	Knot	Minu	Slip
	Slow	Soft	Supé	Thin
	Tigh	Weak	Wiry	

Kd/Bl	Chop	Deep	Empt	Fast
	Floo	Firm	Full	Hidd
	Irre	Knot	Minu	Slip
	Slow	Soft	Supé	Thin
	Tigh	Weak	Wiry	

Pc/Tw	Chop	Deep	Empt	Fast
	Floo	Firm	Full	Hidd
	Irre	Knot	Minu	Slip
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Points: _____ Techniques: _____

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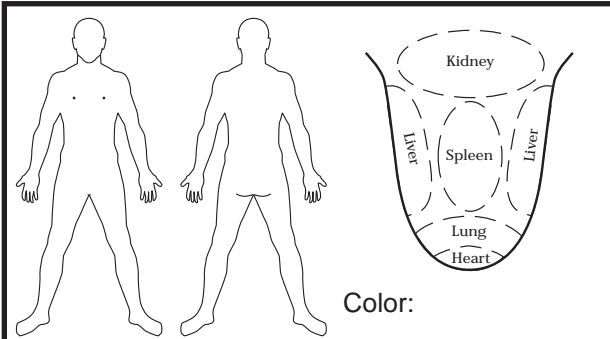
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