

Name _____ Date _____ DOB _____

Payment Type: Ins. PI Cash

Main Complaint: _____

Acute Chronic New Continue

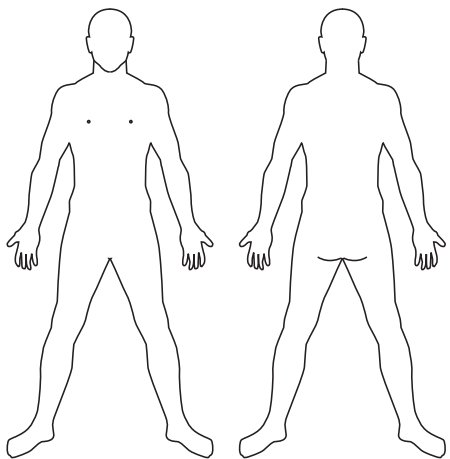
Other Complaints: _____

MAIN

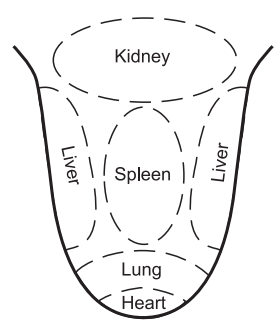
A

B

- Sweating
- Lack/Profuse
- Spontaneous
- Night/Palm
- Headaches
- Dizziness
- Eyes
- Tinnitus
- Fever/Chills
- Alternate
- Aver. Cold/Heat/Wind
- Palpitations
- Wheeze/SOB
- Cough
- Chest
- Sense of Smell
- Congestion
- Taste in mouth
- Mouth Sores
- Throat
- Digestion
- Pain w/hunger/empty
- Nausea/vomit
- Appetite
- Thirst
- Stools
- Laxative use
- Urination
- Sleep
- Excess sleep/dream
- Libido
- Emotion
- Stress/Anxiety
- Bruise



ALARM POINTS
 LU 1 CV17 CV14 CV12 ST25 CV5
 CV4 CV3 LV14 GB24 LV13 GB25



Color:
 Coating:
 Shape:

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

Dx: _____

 Tx: _____

 Herbs/Advice/Activity: _____

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

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

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

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

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

Pc/Tw	Chop	Deep	Empt	Fast
	Floo	Firm	Full	Hidd
	Irre	Knot	Minu	Slip
	Slow	Soft	Supe	Thin
	Tigh	Weak	Wiry	

Techniques:
 Herbs Cupping Moxa Cold/Heat
 Tuina/Massage Infrared Therapeutic exercise
 Oriental Nutrition Inner Smile
 Points: _____

