

TCM CLINIC NOTES

DATE: _____ TIME: _____


PATIENT NAME: _____

AGE: _____ WEIGHT: _____ SEX: _____

PRACTITIONER / SUPERVISOR: _____

DIAGNOSIS

INSTRUCTOR DISCUSSION:

| | | | |
|---|-------------|-------------|--|
| CC: | | | |
| HISTORY / DETAILS: | | | |
| 10 Q's H / C SWEAT HEAD / FACE PAIN URINE / STOOL THIRST / APP SLEEP THR / AB GYN HISTORY | | | |
| TONGUE: | COAT | BODY | |
|  | | | |
| PULSE: | HE | LU | |
| RATE | LV | SP | |
| B.P. | KD ↓ | KD ↑ | |
| TCM Dx: | | | |

TCM CLINIC NOTES (CONT.) : TREATMENT

HERBS

INSTRUCTOR DISCUSSION:

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|--|--|

ACUPUNCTURE

POINTS:

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OTHER TREATMENTS / FINAL DISCUSSION

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