

FOLLOW-UP FORM

PATIENT'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ DATE \_\_\_\_\_ TX \_\_\_\_ / \_\_\_\_

SUBJECTIVE:

CHIEF COMPLAINTS 1) \_\_\_\_\_ 2) \_\_\_\_\_  
3) \_\_\_\_\_ 4) \_\_\_\_\_

VISUAL ANALOG SCALE: \_\_\_\_\_ Question: \_\_\_\_\_  
EVALUATION OF COMPLAINTS SINCE LAST TX (duration/degree of results, provocative/palliative, quality, radiation, severity, timing):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TEMPERATURE: \_\_\_\_\_ PERSPIRATION: \_\_\_\_\_  
HEADACHE/DIZZINESS: \_\_\_\_\_ HEART/LUNGS: \_\_\_\_\_  
SNEEZE/PHLEGM \_\_\_\_\_  
BODY PAIN: \_\_\_\_\_  
APPETITE/DIGESTION: \_\_\_\_\_  
THIRST: \_\_\_\_\_ STOOL: \_\_\_\_\_  
URINE: \_\_\_\_\_ SLEEP: \_\_\_\_\_  
ENERGY LEVEL: \_\_\_\_\_ EMOTIONS: \_\_\_\_\_  
REPRODUCTIVE/MENSES: \_\_\_\_\_

OBJECTIVE:

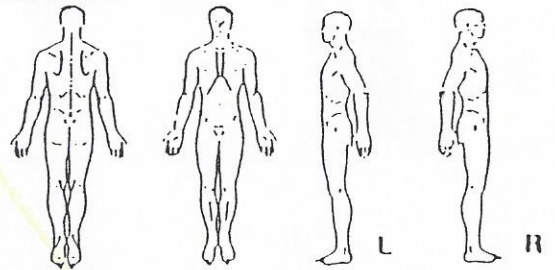
OBSERVATIONS: \_\_\_\_\_

TONGUE

Coat: \_\_\_\_\_

Body: \_\_\_\_\_  
\_\_\_\_\_

ABDOMEN & MERIDIANS:



PULSE: L \_\_\_\_\_ R \_\_\_\_\_  
Cun \_\_\_\_\_ Cun \_\_\_\_\_  
Guan \_\_\_\_\_ Guan \_\_\_\_\_  
Chi \_\_\_\_\_ Chi \_\_\_\_\_

RANGE OF MOTION:

ASSESSMENT:

PREVIOUS WESTERN DIAGNOSIS (who made it?, who reported it?) \_\_\_\_\_

DIAGNOSIS \_\_\_\_\_ RATIONALIZATION \_\_\_\_\_ TX. PRINCIPLE \_\_\_\_\_

in

PLAN/TREATMENT:

PHYSICAL TX. (acup., moxa, ear, etc.)

Front side \_\_\_\_\_

Back side \_\_\_\_\_

Other \_\_\_\_\_

HERBAL TX. (Bulk, granule, patent; Weight/Bags; Dosage; Duration)

[Write individual herbs in formulas on separate form.]

Herbs #1 \_\_\_\_\_

Herbs #2 \_\_\_\_\_

Herbs #3 \_\_\_\_\_

Herbs #4 \_\_\_\_\_

out

RECOMMENDATIONS (Nutritional, physical exercise, referrals, etc.) \_\_\_\_\_

SUPERVISOR COMMENTS \_\_\_\_\_

SIGNATURE \_\_\_\_\_