AP Name:

## 8330 SW 8<sup>TH</sup> STREET,



ICENSE NOIVIBER(S): IVITAIVII	, FL 33144				
Patient Name:	BP:	Date:			
TestData TestData Test Data TestData TestData Test Data	60	3/28/2017			
Subjective(S)/Objective(O): Notes regarding the Patients general condition and changes since last seen, including response to any prior treatment or herbal formula: TestData TestData TestData TestData TestData TestData					
Appointment Start Time: TestData TestData Test Data	Appointment End Time	: TestData Test Data			
Presenting Problems:					
TestData TestData TestData TestData TestData Test Data					
Symptom: TestData TestData Test Data TestData TestData Test Data					
1. Chills/Fever: □ None □ S □ O	2. Perspiration:   None   S	⊐ <b>0</b>			
3. Thirst: □ Normal □ S □ O	4. Urination:   Normal   S	0			
5. Headache/Body Pain: □ None	6. Respiration:   Normal   S	5 <b>0</b>			
7. Sleep/Energy: □ Normal □ S □ O	8. Reproductive:   Normal				
9. Mental/Emotional: □ Normal □ S □ O	10. Ears/Eyes/Teeth/Gums:	□ Normal □ S □ O			
11. Appetite/Digestion/Defecation:   Normal   S   O	12. Palpitation/Dizziness/Nu	ımbness:   None   S   O			
Fongue Diagnosis:	1				

- Body Color:
- **Body Shape:**
- **Tongue Coating:**
- **Coat Coloration:**
- **Coat Rooting:**

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(O) Other Physical Exams:		
Facial colors, eyes, abdominal diagnos	es, odor, sound of voice,	
Orthopedic exams, body language, ski	n, nails, hair	
Notes: TestData TestData Test Dat	a TestData TestData Test	Data
Pulse Quality:		
Diaha. 122313		
<b>Left:</b> <sup>106</sup>		
Leit.		
Accomment & Diagnosis		
Assessifient & Diagnosis.		
Treatment Principles: TestData T	estData Test Data TestDa	ta TestData Test Data
Treatment i incipies.	oolbala Toolbala Toolba	1001Bata 1001Bata
<u>P</u> lan of Treatment:		
Needling Sets:		☐ Clean needle technique practiced
1st Cat of Nacellace		
1 <sup>st</sup> Set of Needles:		
□ Electrical Stimulation	n Tui – Na	Cupping Therapy
Liectical Stillidation	□ TUI — IVA	Cupping merapy
2 <sup>nd</sup> Set of Needles:		
2 Set of Recures.		
☐ Electrical Stimulation	□ Tui – Na	Cupping Therapy
= <del></del>		
3 <sup>rd</sup> Set of Needles:		
<ul><li>Electrical Stimulation</li></ul>	□ Tui – Na	□ Cupping Therapy
4 <sup>th</sup> Set of Needles:		
<ul><li>Electrical Stimulation</li></ul>	□ Tui – Na	□ Cupping Therapy
5 <sup>th</sup> Set of Needles:		
<ul> <li>Electrical Stimulation</li> </ul>	□ Tui – Na	Cupping Therapy
oth Cara f Nasa II		
6 <sup>th</sup> Set of Needles:		
☐ Electrical Stimulation	- Tui No	□ Cupping Therapy
□ Electrical Stimulation	⊔ iui – iva	⊔ cupping inerapy

AP Name:

LICENSE NUMBER(S):

Not Taking Herbs

8330 SW 8<sup>TH</sup> STREET,
MIAMI, FL 33144

Prepared Medicine

☐ Taking Herbs	□ Not Taking Herbs	□ Prepared Medicine	☐ See Herb Ingredient Sheet
Herbal Formula (Plea	ase indicate lot #):		_
Direction of Intake:			
Herbal Formula (Plea	se indicate lot #):		
Direction of Intake:			
Herbal Formula (Plea	ase indicate lot #):		
Direction of Intake:			
Post Treatment Asse	ssment:		
Recommendations:_			
90 On			
Signature			3/28/2017
Signature			Date