AP Name:
LICENSE NUMBER(S):

8330 SW 8TH STREET,
MIAMI, FL 33144

Patient Name: TYLER THE TESTER	**BP:**	**Date:** 8/19/2017

Subjective(S)/Objective(O): Notes regarding the Patients general condition and changes since last seen, including response to any prior treatment or herbal formula:

Appointment Start Time:_____ **Appointment End Time :**_____

Presenting Problems:

Symptom:

1. Chills/Fever: □ None □ S □ O	**2. Perspiration: □ None □ S □ O**
3. Thirst: □ Normal □ S □ O	**4. Urination: □ Normal □ S □ O**
5. Headache/Body Pain: □ None	**6. Respiration: □ Normal □ S □ O**
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/Numbness: □ None □ S □ O**

Tongue Diagnosis:

- **Body Color:** Pale, Dark Red, Purple
- **Body Shape:** Deviated, Long, Rigid, Swollen, Teeth marks
- **Tongue Coating:** Dry, Moist, Sticky
- **Coat Coloration:** Yellow, Gray
- **Coat Rooting:** Rooted, Rootless

AP Name: **8330 SW 8TH STREET,**
LICENSE NUMBER(S): **MIAMI, FL 33144**

(O) Other Physical Exams:

Facial colors, eyes, abdominal diagnoses, odor, sound of voice, Orthopedic exams, body language, skin, nails, hair

Notes:

Pulse Quality:

Right: Excess, Full, Replete, Forceful, Hidden, Soft or Soggy, Long, Hollow or Scallion Stalk, Green Onion, Forcele

Left: _____

Assessment & Diagnosis:

Blood Stagnation, Heart Blood Deficiency, Heart Blood Stagnation, Heart Fire, Heart Qi Deficiency, Heart Yang Deficiency, Heat in the Blood, Kidney Qi Deficiency

Treatment Principles:

Plan of Treatment:

Acupressure / Tui-Na / Body Alignment, Cupping Therapy / Gua-Sha Therapy, Heat / TDP Lamp Therapy, Moxa Therapy, Aromatherapy

Needling Sets: ☐ **Clean needle technique practiced**

1st Set of Needles: LU-2, LU-5, LU-7, LU-8, LU-10, ST-19, ST-22

□ **Electrical Stimulation** □ **Tui – Na _____** □ **Cupping Therapy**

2nd Set of Needles:

□ **Electrical Stimulation** □ **Tui – Na _____** □ **Cupping Therapy**

3rd Set of Needles:

□ **Electrical Stimulation** □ **Tui – Na _____** □ **Cupping Therapy**

4th Set of Needles:

□ **Electrical Stimulation** □ **Tui – Na _____** □ **Cupping Therapy**

5th Set of Needles:

□ **Electrical Stimulation** □ **Tui – Na _____** □ **Cupping Therapy**

6th Set of Needles: LU-3, LU-4, LU-5, LU-6, LU-8, LU-9

□ **Electrical Stimulation** □ **Tui – Na _____** □ **Cupping Therapy**

AP Name: **8330 SW 8TH STREET,**
LICENSE NUMBER(S): **MIAMI, FL 33144**

☐ Taking Herbs	☐ Not Taking Herbs	☐ Prepared Medicine	☐ See Herb Ingredient Sheet

Herbal Formula (Please indicate lot #): _____

Direction of Intake: _____

Herbal Formula (Please indicate lot #): _____

Direction of Intake: _____

Herbal Formula (Please indicate lot #): _____

Direction of Intake: _____

Post Treatment Assessment:

Recommendations:

_____ 8/19/2017

Signature **Date**