

AP Name: Betty

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

LICENSE NUMBER(S): TestData TestData Test Data Test MIAMI, FL 33144



Patient Name: TestData TestData Test Data TestData TestData Test Data		BP: 60/60	Date: 5/1/2017
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 Test Data TestData TestData Test Data			
Appointment Start Time: TestData TestData Test Data		Appointment End Time : TestData TestData Test Data	
Presenting Problems: TestData TestData Test Data TestData TestData Test Data			
Symptom: TestData TestData Test Data TestData TestData Test Data			
1. Chills/Fever: <input type="checkbox"/> None <input type="checkbox"/> S <input type="checkbox"/> O TestData TestData Test Data TestData TestData Test Data		2. Perspiration: <input type="checkbox"/> None <input type="checkbox"/> S <input type="checkbox"/> O TestData TestData Test Data TestData TestData Test Data	
3. Thirst: <input type="checkbox"/> Normal <input type="checkbox"/> S <input type="checkbox"/> O TestData TestData Test Data TestData TestData Test Data		4. Urination: <input type="checkbox"/> Normal <input type="checkbox"/> S <input type="checkbox"/> O TestData TestData Test Data TestData TestData Test Data	
5. Headache/Body Pain: <input type="checkbox"/> None TestData TestData Test Data TestData TestData Test Data		6. Respiration: <input type="checkbox"/> Normal <input checked="" type="checkbox"/> S <input type="checkbox"/> O TestData TestData Test Data TestData TestData Test Data	
7. Sleep/Energy: <input type="checkbox"/> Normal <input checked="" type="checkbox"/> S <input type="checkbox"/> O TestData TestData Test Data TestData TestData Test Data		8. Reproductive: <input checked="" type="checkbox"/> Normal TestData TestData Test Data TestData TestData Test Data	
9. Mental/Emotional: <input type="checkbox"/> Normal <input checked="" type="checkbox"/> S <input type="checkbox"/> O TestData TestData Test Data TestData TestData Test Data		10. Ears/Eyes/Teeth/Gums: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> S <input type="checkbox"/> O TestData TestData Test Data TestData TestData Test Data	
11. Appetite/Digestion/Defecation: <input type="checkbox"/> Normal <input checked="" type="checkbox"/> S <input type="checkbox"/> O TestData TestData Test Data TestData TestData Test Data		12. Palpitation/Dizziness/Numbness: <input checked="" type="checkbox"/> None <input type="checkbox"/> S <input type="checkbox"/> O TestData TestData Test Data TestData TestData Test Data	

**Tongue Diagnosis:**

- **Body Color:** Pink, Pale, Red, Dark Red, Purple
- **Body Shape:** Deviated, Flaccid
- **Tongue Coating:** Thin, Thick, Dry, Moist
- **Coat Coloration:** White, Yellow, Gray, Black
- **Coat Rooting:** Rootless, Peeled

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**(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, Wiry, Taut, Slippery, Rolling, Deep, Hidden, Weak, Slow

**Left:** Excess, Full, Replete, Forceful, Wiry, Taut, Slippery, Rolling, Deep, Hidden, Weak

**Assessment & Diagnosis:** Bladder Damp Heat, Blood Stagnation, Heart Blood Deficiency, Heart Blood Stagnation, Heart

**Treatment Principles:** Clear Heat in the Blood, Tonify KD Jing

**Plan of Treatment:** Acupressure / Tui-Na / Body Alignment, Cupping Therapy / Gua-Sha Therapy

**Needling Sets:**

☒ Clean needle technique practiced

**1<sup>st</sup> Set of Needles:** LU-2, LU-3, LU-4, LU-5, LU-6, LU-7,

☐ Electrical Stimulation

☒ Tui – Na \_\_\_\_\_

☐ Cupping Therapy

**2<sup>nd</sup> Set of Needles:** LU-2, LU-3, LU-4, LU-5, LU-6, LU-7,

☐ Electrical Stimulation

☐ Tui – Na \_\_\_\_\_

☒ Cupping Therapy

**3<sup>rd</sup> Set of Needles:** LU-3, LU-4, LU-5, LU-6

☐ Electrical Stimulation

☒ Tui – Na \_\_\_\_\_

☒ Cupping Therapy

**4<sup>th</sup> Set of Needles:** LU-1, LU-2, LU-3, LU-4, LU-5, LU-6,

☒ Electrical Stimulation

☐ Tui – Na \_\_\_\_\_

☐ Cupping Therapy

**5<sup>th</sup> Set of Needles:** LU-1, LU-2, LU-3, LU-4, LU-5, LU-6,

☐ Electrical Stimulation

☒ Tui – Na \_\_\_\_\_

☒ Cupping Therapy

**6<sup>th</sup> Set of Needles:** LU-1, LU-2, LU-3, LU-4, LU-5, LU-6,

☐ Electrical Stimulation

☐ Tui – Na \_\_\_\_\_

☐ Cupping Therapy

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<input type="checkbox"/> Taking Herbs	<input type="checkbox"/> Not Taking Herbs	<input type="checkbox"/> Prepared Medicine	<input type="checkbox"/> See Herb Ingredient Sheet
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Herbal Formula (Please indicate lot #): Jin Gui Shen Qi Pian

Direction of Intake: TestData TestData Test Data TestData TestData Test Data

Herbal Formula (Please indicate lot #): Sang Ju Yin

Direction of Intake: TestData TestData Test Data TestData TestData Test Data

Herbal Formula (Please indicate lot #): Jia Wei Xiao Yao Pian

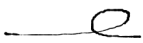
Direction of Intake: TestData TestData Test Data TestData TestData Test Data

Post Treatment Assessment:

TestData TestData Test Data TestData TestData Test Data

Recommendations:

TestData TestData Test Data TestData TestData Test Data

  
Signature

5/1/2017  
Date