|  |  |
| --- | --- |
| C:\Users\Owner\Desktop\QQ截图20140926120351.png | **Great Wall Acupuncture Clinic** |
| 1688 Green Forest Rd. Dreaming, HV 99888 |

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**Follow-up Forms**

*The flowing forms are For Acupuncturist use only.*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | |  | | Gender | |  | | Age |  | |
| #\_\_\_\_visit | | | | | | | | Date |  | |
| ~ **Subjective**~  CC: | | | | | | | | | | |
| Medications | |  | | | | | | | | |
| ~ **Objective**~ | | | | | | | | | | |
| **Vital:** |  | | **Pulse:** | | Cun | | Guan | | | Chi |
| B/P |  | | Left | |  | |  | | |  |
| Temperature |  | | Right | |  | |  | | |  |
| Pulse rate |  | | Overall | |  | | | | | |
| Respiratory |  | |
| **Tongue:** | Tongue body | | | |  | | | | | |
| Tongue coating | | | |  | | | | | |
| Sublingual Vein | | | |  | | | | | |
| **Others** |  | | | | | | | | | |
| ~**Assessment**(TCM) ~ | | | | | | | | | | |
| ~**Treatment Plan** ~ | | | | | | | | | | |
| ①Principle: | | | | | | | | | | |
| ②Acupuncture: | | | | | | | | | | |
| ③Additional Techniques: | | | | | | | | | | |
| ④Herbs/Patent Recommendations: | | | | | | | | | | |
| ⑤Future Treatment Plan: | | | | | | | | | | |
| **Signature**:  **Date:** | | | | | | | | | | |