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| **TREATMENT RECORD** | | |
| **Date:** |  | Record # |
| **Client’s Name**: |  | |
| **Date of birth** |  | **Gender** 🞏 Female 🞏 Male |
| **Visit** |  | |
| **Chief Complaints：** | | |
| **Present symptoms/signs :**    **Other symptoms/signs :** | | |
| **Tongue :**  **Pulse :** | | |
| **TCM disease(s) diagnosis** :    **TCM syndrome differentiation :** | | |
| **Aetiology & Pathogenesis:** | | |
| **Western Medicine Diagnosis :** | | |
| **Principle of treatment :** | | |

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| **Treatment :**  **Herbs** |
| **Advice** |
| **Name & Signature of practitioner** |