
Tel. :
Fax. :

ACUPUNCTURE RE - EVALUATION

Patient's Last Name First Name Age Sex M F

Date of Accident

Date of Examination

Objective Findings

Tongue

Coat

Pulse

Current Complaints

Head	Chest	Knee L/R
Neck	Hip L/R	Upper Leg L/R
Upper/Mid back	Arm L/R	Lower Leg L/R
Lower back	Elbow L/R	Ankle L/R
Shoulder L/R	Wrist L/R	Foot L/R
Scapula L/R	Hand L/R	Other

Channel Involved

Lung	Heart	Pericardium
Large intestine	Small intestine	San jiao
Stomach	Bladder	Gallbladder
Spleen	Kidney	Liver
Other		

Patient Condition

Improved
Worsened
No Change

TCM Dx

Treatment Plan

Continue treatment per wk weeks

Discharge Pt.
