

# 和平 Acupuncture Center for Oriental & Harmonic Medicine

\_\_\_ DATE: \_\_\_\_\_  
 \_\_\_ Acupuncture \_\_\_ Acutronics \_\_\_ SRT \_\_\_ Vitality Assessment \_\_\_ Herbal  
 \_\_\_ Biofeedback \_\_\_ Program Services: \_\_\_\_\_

FILE #: \_\_\_\_\_ NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DOB: \_\_\_\_\_ BIRTH PLACE: \_\_\_\_\_ TIME: \_\_\_\_\_

___ PREGNANT - TRIMESTER: _____	___ PACEMAKER	___ CONTACTS
___ DIABETIC	___ HEART DISEASE	___ BLOOD PRESSURE: _____/_____
___ OTHER: _____		
___ MEDICATIONS: _____	DOSAGE: _____	FREQUENCY: _____ FOR: _____
_____	DOSAGE: _____	FREQUENCY: _____ FOR: _____
_____	DOSAGE: _____	FREQUENCY: _____ FOR: _____
_____	DOSAGE: _____	FREQUENCY: _____ FOR: _____

**PULSE:** \_\_\_\_\_ bpm      left: Cur:Heart \_\_\_\_\_      right: Cur:Lung \_\_\_\_\_

Qi: Liv/GB \_\_\_\_\_      Qi: Sp/St \_\_\_\_\_

Cun: Kid yin \_\_\_\_\_      Cun: Kid yang \_\_\_\_\_

**CC:** 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Tongue:** Body: \_\_\_\_\_

Sides: \_\_\_\_\_

Tip: \_\_\_\_\_

Direction: \_\_\_\_\_

Coat: \_\_\_\_\_/Thick \_\_\_\_\_ Loc: \_\_\_\_\_

Motion: \_\_\_\_\_ Sublingual \_\_\_\_\_

**Hara:** \_\_\_\_\_

Tongue  
Diagnosis

Body Diagnosis

**Diagnosis:** \_\_\_\_\_

**CC: Priority #** \_\_\_\_\_

1. \_\_\_\_\_

SUD: \_\_\_\_\_ Nature/ Frequency: \_\_\_\_\_

Hx: \_\_\_\_\_

Remedies: \_\_\_\_\_

Results: \_\_\_\_\_

Plan: \_\_\_\_\_

**CC: Priority #** \_\_\_\_\_

2. \_\_\_\_\_

SUD: \_\_\_\_\_ Nature/ Frequency: \_\_\_\_\_

Hx: \_\_\_\_\_

Remedies: \_\_\_\_\_

Results: \_\_\_\_\_

Plan: \_\_\_\_\_

**CC: Priority #** \_\_\_\_\_

3. \_\_\_\_\_

SUD: \_\_\_\_\_ Nature/ Frequency: \_\_\_\_\_

Hx: \_\_\_\_\_

Remedies: \_\_\_\_\_

Results: \_\_\_\_\_

Plan: \_\_\_\_\_

### Treatment

Anterior: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Auricular: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Posterior: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

