

## Client Evaluation

Last name \_\_\_\_\_ First name: \_\_\_\_\_ Date: \_\_\_\_\_

Sex \_\_\_ M \_\_\_ F Birth date \_\_\_\_\_ Age \_\_\_\_\_

Chief Complaint \_\_\_\_\_ Severity 1/10 \_\_\_\_\_

Secondary Complaint \_\_\_\_\_ Severity 1/10 \_\_\_\_\_

Other Complaint \_\_\_\_\_ Severity 1/10 \_\_\_\_\_

### ***Past Medical History and Family Medical history***

\_\_\_\_\_

***History of Present Illness:*** (site, onset, characteristic, radiating, associated symptoms, timing, exacerbating, severity) \_\_\_\_\_

\_\_\_\_\_

### ***10+ questions:***

***Temperature:*** \_\_\_\_\_

***Perspiration:*** \_\_\_\_\_

***ENT:*** \_\_\_\_\_

***Sleep:*** \_\_\_\_\_

***Diet/Appetite:*** \_\_\_\_\_

***Urination/Bowel movement:*** \_\_\_\_\_

***Emotional/Stress:*** \_\_\_\_\_

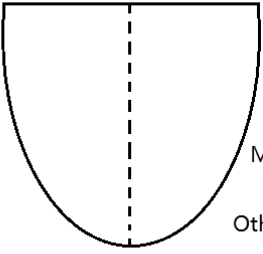
***Pain:*** \_\_\_\_\_

***OB/GYN:*** \_\_\_\_\_

***Blood Pressure:*** \_\_\_\_\_

***Thirst:*** \_\_\_\_\_

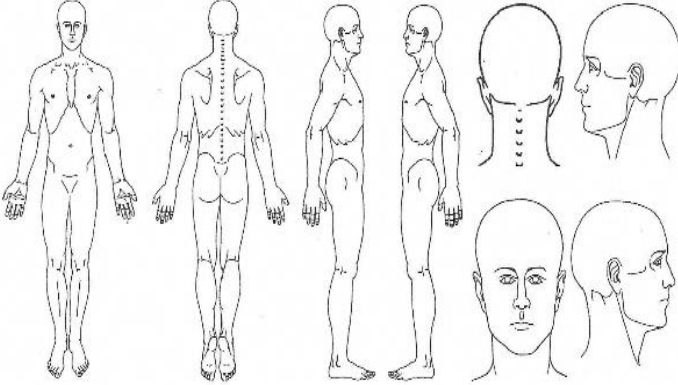
***Skin/Hair:*** \_\_\_\_\_

Tongue	
	Color _____
	Coat _____
	Moisture _____
	Other _____

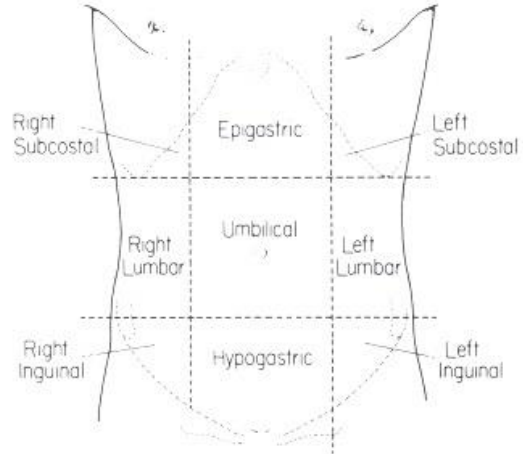
Pulse	Left	Right
<b>Cun</b>		
<b>Guan</b>		
<b>Chi</b>		

Please indicate the location and sensation of your body pain using the following symbols:

A A A A A A    Numbness            x x x x x x    Burning            / / / / / /    Stabbing/Sharp  
 0 0 0 0 0 0    Pins and Needles       \* \* \* \* \*    Aching/Dull       E E E E E    Electrical



**Abdominal & Palpation**



Subjective: \_\_\_\_\_

Objective: \_\_\_\_\_

Assessment: \_\_\_\_\_ Prognosis: \_\_\_\_\_

**Treatment:**

Points	Points	Points	Points	Cupping
Points	Points	Points	Points	Guasha
Points	Points	Points	Points	Moxa
Points	Points	Points	Points	Tui-na
Points	Points	Points	Points	K-Tape
Points	Points	Points	Points	Electro
#Needles	#Removed	Retention	Points	Other

**Herbal Medicine:**

Formula: \_\_\_\_\_ Type: Granule Tablet Pill Capsule Decoction

Treatment Performed by: \_\_\_\_\_ Date: \_\_\_\_\_