TCM / ACUPUNCTURE EXAM

Fever / Chills		Do you feel Hot / Cold?	
Excessive Persperition		Excessive Thirst / Appetite	
Flatus? with what odor?		Diarrhea? Odor?	
Belching? with acidity?		Constipation? Frequency?	
Bloating or fullness?		Dry or wet fecal matter?	
Hearing: Tinnitus or deafness?		Urination: Color and frequency	
Vision: Dry, tearing, painful		Emotions	
Headache? Please describe		Menstrual Color / Pain / Clots	
Sleep Awake refreshed or tired? Difficulty falling asleep?		Energy Level (Scale of 1-10)	(/10)
Dreams Bad or frequent dreams?			
Pain	At best (/ 10) At worst (/10)		

Office Use Only

Tongue		Pulse	
Body		Left	
Coat		Right	

BP		RR		TP		Wgt	

Dx West:	
Dx East:	
Points:	
Herbs	