Case Number:
Patient Initials/File# :
Initial Date of Patient Consult/Treatment:

Patient Age: Gender: Occupation:

Primary Subjective Patient Complaint:

Onset:

What palliates/provokes the symptoms?

Quality of pain/symptoms? (Rate on a scale of 1 to 10, with 10 being the worst symptoms):
Is there any radiation of symptoms?

Describe the site of symptomatology:

Time of day/duration of symptoms?

Prior contributory health history:

Characteristics of symptoms based upon Five Element Theory if applicable (example-KI/BL, edema, bone pain, cravings for salt, etc.):

**Objective Findings:**

Diagnostic Test Results (MRI results, electro diagnostic findings, radiographic findings, Electro-Meridian Imaging findings, Pulse/Tongue Diagnosis Characteristics, etc. if applicable):

Working Diagnosis- (Include Western Medical/ Chiropractic and/or Acupuncture impression):

**Treatment Protocol:**

**A. Points treated per session** (Indicate modalities used-example: Needle, electronic stimulation, etc.); **with rationale for treatment** (example- “Surround
B. Number of Treatments:

C. Mobilization Techniques (Tuina, Chiropractic Manipulative Techniques, Physical Therapy Modalities):

D. Electro-Meridian Imaging (EMI) findings if applicable: (Please attach graph with explanation of findings)

E. Supplements/Nutrition recommended (Chinese herbs, vitamins, homeopathics, etc.):

F. Ancillary Procedures (if any)- Explain:

G. Results: (Include percentage relief on a scale of 1-10; outcome of treatment; impact on patient’s lifestyle, etc.):

H. Personal comments from patient (Attach testimonial pages if applicable):

I. Personal comments by treating physician: