

# ACUPUNCTURE EXAMINATION

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time of Day: \_\_\_\_\_

Age \_\_\_\_\_  Male  Female (Last MP) \_\_\_\_\_  Alert  Oriented  Cooperative Other \_\_\_\_\_

Chief Complaint: \_\_\_\_\_ Secondary Complaint: \_\_\_\_\_

Medications now taking: \_\_\_\_\_

**APPEARANCE:**  Excellent  Good  Fair  Well nourished  Undernourished  Husky  Thin  
 Overweight  Debilitated Other \_\_\_\_\_

**GAIT:**  Remarkable  Normal  Guarded  Limp  Needs assistance  Unable to walk

**DISTRESS:**  None  Mild  Severe Emotions: \_\_\_\_\_

**AREA CLIMATE:** Facial Color \_\_\_\_\_ Body Odors \_\_\_\_\_ Smell \_\_\_\_\_

**ENERGY LEVEL:**  High (Time of day) \_\_\_\_\_ Low (Time of day) \_\_\_\_\_

**HOT/COLD:** \_\_\_\_\_

**THIRST:** \_\_\_\_\_

**SWEAT:** \_\_\_\_\_

**APPETITE:** \_\_\_\_\_

**DIGESTION:** \_\_\_\_\_

**STOOLS:** \_\_\_\_\_

**URINATION:** \_\_\_\_\_

**SLEEP:** \_\_\_\_\_

**SKIN COLOR:** \_\_\_\_\_ **TEXTURE:** \_\_\_\_\_

**SCARS:** (List) \_\_\_\_\_

**TONGUE:**



Color: \_\_\_\_\_ **PULSE: (Overall)**

Right Left **BLOOD PRESSURE: RT: \_\_\_\_\_ LT: \_\_\_\_\_**

Coat: 1. \_\_\_\_\_ 1. \_\_\_\_\_ **TEMPERATURE: \_\_\_\_\_**

2. \_\_\_\_\_ 2. \_\_\_\_\_ **RESPIRATION: \_\_\_\_\_**

Body: 3. \_\_\_\_\_ 3. \_\_\_\_\_ **HEIGHT: \_\_\_\_\_**

\_\_\_\_\_ **WEIGHT: \_\_\_\_\_**

**HEAD:** \_\_\_\_\_

**EYES/EARS/NOSE/THROAT:** \_\_\_\_\_

**HEART/LUNGS:** \_\_\_\_\_

**ABDOMEN (By palpation):** \_\_\_\_\_

**ABDOMINAL REFLEX(s):** \_\_\_\_\_

**VISCERA:** \_\_\_\_\_

**MUSCLE TONE:** \_\_\_\_\_

**CIRCULATION:** \_\_\_\_\_

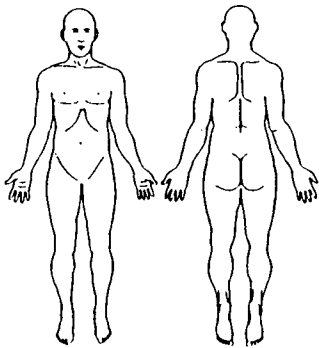
(OVER)

#407-AC

MUSCULO-SKELETAL FINDINGS: \_\_\_\_\_

NEUROLOGICAL FINDINGS: \_\_\_\_\_

AREAS OF PAIN



\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MALINGERING TEST PERFORMED: \_\_\_\_\_

ASSESSMENT / EVALUATION (Overview of findings): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

YIN/YANG: \_\_\_\_\_  INTERNAL/EXTERNAL: \_\_\_\_\_

HOT/COLD: \_\_\_\_\_  DEFICIENT/EXCESS: \_\_\_\_\_

DIAGNOSIS (List by ICD-9-CM Codes): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TREATMENT PLAN (Herbal, etc.): \_\_\_\_\_

CHANGES IN TREATMENT PLAN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PATIENT'S TREATMENT AND PROGRESS RECORD**

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