**VU STUDENT TREATMENT NOTES**

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| DATE | TIME | PATIENT ID |
| **SUBJECTIVE** CHIEF CONCERN |
|  |
|  |
| SYMPTOMS FIRST APPEARED |
| OTHER TYPES OF TREATMENT? |
| WHAT MAKES IT WORSE? | BETTER? |
| OTHER SYMPTOMS |
| CHILLS AND FEVER? | PERSPIRATION? |
| HEAD/BODY PAIN? | URINATION/STOOL? |
| QUALITY OF PAIN? | CHEST (HEART/LUNGS?) |
| HEARING ABILITY? | THIRST? |
| ENERGY LEVEL 1-10? | EMOTIONS? |
| SIGHT? | DIET/ APPETITE? |
| SLEEP? |
| CAUSE OF AILMENT? |
| MEDICAL HISTORY |
| WESTERN MEDICAL DIAGNOSIS, IF ANY |
| MENSTRUATION/GYNECOLOGICAL PROBLEMS |
| CURRENT MEDICATIONS |
| LEFT PULSE | RIGHT PULSE |
| TONGUE COLOR | BODY |
| SHAPE | COATING |
| DIAGNOSIS/PATTERN |
| TREATMENT PLAN |
| PRIMARY POINTS |
| SECONDARY POINTS |
| HERBS, HERBAL FORMULA |