**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 | | | | | |