

SOAP

Subjective: M / F _____ Age _____

Chief

Complaint:

Last Visit's

Symptom

Progress:

New

Symptoms:

(can check: energy level, sleep, sweats, thirst, urination, appetite, digestion, stools, head, eyes, ears, nose, lungs, heart, limbs, emotions, etc.)

Women: LMP: _____ Color: _____ Interval: _____ Duration: _____ Flow: _____ Clots: _____

For Patients with Pain: Pain Scale: None 0 1 2 3 4 5 6 7 8 9 10 Severe

Objective Signs: Blood Pressure: _____ Temperature: _____ Pulse Rate: _____

Pulses: 1st L: _____ R: _____

2nd _____

3rd _____

Overall _____

Tongue: _____

Other physical/emotional signs and orthopedic examinations: _____

Assessment/Diagnosis: with western dx, write "per doctor" or "per patient" or "per records" or "NA" as is applicable

Western

Diagnosis: _____

TCM

Diagnosis: _____

Plan of Treatment:

Treatment

Principle: _____

Acupuncture:

Bilateral: _____

Right: _____

Left: _____

Herbs/

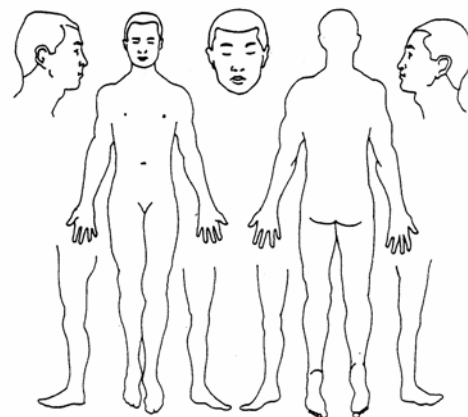
Recommendations: _____

ICD-9 Code: _____

CPT Code: _____

Acupuncturist: _____

Patient Name: _____



Mark the "following" where patient feels pain:

X X X Sharp/stabbing
P P P Pins & Needles
D D D Dull/Aching
N N N Numbness

Ear Seed Infrared
Exercise Ear Acp
Patch Tuina
Massage Other _____

Signature: _____

Date: _____