

# Case Study

<b>Info</b>	<b>Student ID:</b>	<b>Intern Name:</b>			<b>Quarter</b>		<b>LV</b>		
	<b>Patient File No.:</b>	<b>Date of First Visit:</b> /        /			<b>Age</b>		<b>Sex</b>		
<b>Subjective [S]</b>	<b>Chief Complaints</b>							Height _____	
	1.							Weight _____	
	2.							SYS mmhg _____	
	3.							DIA mmhg _____	
	Pharmacological Assessments (Drug / Interaction with herbs)							Pulse _____/min	
	Past Medical History (Diseases, Trauma, Surgeries, Allergy to drugs, etc.)							Temp. _____ °F	
	Family History (Father, Mother, Sibling)								
<b>Objective [O]</b>	Physical Exam (ROS, HEENT, Palpation & ROM, Ortho/ Neuro, Abdominal Exam)								
<b>Assessments [A]</b>	<b>Tongue &amp; Coating</b>								
	<b>Pulse</b>	<b>Lt</b>		<b>RT</b>					
	<b>Western Medical Diagnosis</b> Only if the patient brings in								
	<b>TCM Diagnosis</b> (Zang Fu/Syndrome)								
	<b>ICD 10 Code</b>								
<b>Treatment Plan [P]</b>	<b>Treatment Plan</b>								
	<b>Acupuncture Points Treatment</b> (97810 / 97811)								
	<b>Herbal Treatment</b>								
	<b>Other Treatments</b>	<input type="checkbox"/> Electro Acupuncture (97813/97814)	<input type="checkbox"/> Cupping (97016)	<input type="checkbox"/> Tuina (97140)	<input type="checkbox"/> Gua Sha (97140)				
		<input type="checkbox"/> Infrared Lamp (97026)	<input type="checkbox"/> Moxa (97789)	<input type="checkbox"/> Hot/Cold Pad (97010)	<input type="checkbox"/> Ear Seed (None)				
	<b>Prognosis/ Recommendation</b>								

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Please indicate any treatment modification(s) in the 3 minimum subsequent follow up visits.

<b>2<sup>nd</sup> visit</b>	<b>Date:</b>	Subjective Findings [S]	
		Objective Findings [O]	
		Assessment [A]	<input type="checkbox"/> Resolved <input type="checkbox"/> Improved ( _____ %)
		Plan [P]	
<b>3<sup>rd</sup> visit</b>	<b>Date:</b>	Subjective Findings [S]	
		Objective Findings [O]	
		Assessment [A]	<input type="checkbox"/> Resolved <input type="checkbox"/> Improved ( _____ %)
		Plan [P]	
<b>4<sup>th</sup> visit</b>	<b>Date:</b>	Subjective Findings [S]	
		Objective Findings [O]	
		Assessment [A]	<input type="checkbox"/> Resolved <input type="checkbox"/> Improved ( _____ %)
		Plan [P]	
<b>Conclusion</b>			
<b>Intern Coordinator</b> Name & Signature	Name	Signature	