

School of Oriental Medicine

Intern's Name: _____ ID# _____

Phase: OB Theater OB Rounds HERBAL PRACTICUM

Patient's File# _____ (M/F) Date: _____ Height: _____ Weight: _____
BP: _____ / _____ mmHg HR: _____ /min Temp: _____ C/F Respiratory Rate: _____

Chief Complaint(s): _____

Pulse: _____ Tongue: _____

Diagnosis: _____

Treatment Principles: _____

Treatment Points: _____

Herbal Formula: _____

Time spend in Herbal Formula Preparation: _____ Approved by Pharmacy _____

Moxa Cupping Other Therapy: _____

_____ Approved by: _____ Date: _____
Observation Intern's Signature Clinic Supervisor's Signature

Notes: _____ Notes: _____

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