Do you use: Alcohol? ☐ Yes ☐ No Amount per week _____ Type _____

Tobacco? ☐ Yes ☐ No Packs per day _____ How many years _____

DO YOU:

Eat raw fruits or vegetables at least twice a day? ☐ Yes ☐ No

Eat green or yellow vegetables at least twice a day? ☐ Yes ☐ No

Eat frequently between meals? ☐ Yes ☐ No

Chew your food thoroughly before swallowing it? ☐ Yes ☐ No

Drink juice, milk or other drinks instead of water when thirsty? ☐ Yes ☐ No

Always add salt at the table? ☐ Yes ☐ No

Eat meat or dairy products 2 or more times a day? ☐ Yes ☐ No

Eat the same foods almost every day? ☐ Yes ☐ No

Eat when you are not hungry? ☐ Yes ☐ No

Eat until you feel full? ☐ Yes ☐ No

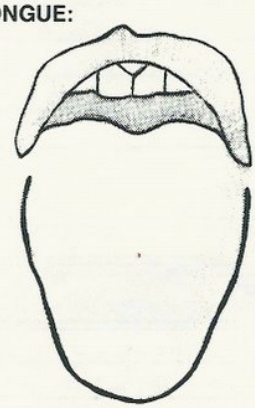
Occasionally go on a "crash" diet? ☐ Yes ☐ No

Patient's Signature _____

DO NOT WRITE BELOW THIS LINE

EXAMINATION

TONGUE:



Color _____

Coat _____

Body _____

PULSE

RIGHT	LEFT

GENERAL CHARACTER _____

TEMPERATURE: _____

BLOOD PRESSURE: _____

APPEARANCE: ☐ Excellent ☐ Good ☐ Fair ☐ Well-nourished ☐ Undernourished ☐ Debilitated ☐ Thin ☐ Husky ☐ Overweight _____

MOVEMENT: ☐ Guarded ☐ Slow ☐ Impaired ☐ Needs assistance ☐ Deformity _____

SKIN COLOR: _____ FACIAL COLOR: _____ EYES: _____

AREA CLIMATE: Body odors _____ Smell _____

ABDOMEN (by palpation): ☐ Organ swelling ☐ Masses ☐ Hernia ☐ Pain _____

ABDOMINAL REFLEX(es): _____

ASSESSMENT/EVALUATION/FINDINGS: (Internal, emotional, dietary, channel disorders, trauma, constitution, inactivity, overworked, etc.)

EIGHT PRINCIPLES: (Yin/Yang, Internal/External, Hot/Cold, Deficient/Excess) _____