

# Acupuncture SOAP Note

## SUBJECTIVE

Chief complaint:

Previous symptom progress:

New presenting symptoms:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Energy    | <input type="checkbox"/> Sleep    |
| <input type="checkbox"/> Sweating  | <input type="checkbox"/> Thirst   |
| <input type="checkbox"/> Urination | <input type="checkbox"/> Appetite |
| <input type="checkbox"/> Digestion | <input type="checkbox"/> Stools   |
| <input type="checkbox"/> Head      | <input type="checkbox"/> Eyes     |
| <input type="checkbox"/> Ears      | <input type="checkbox"/> Nose     |
| <input type="checkbox"/> Limbs     | <input type="checkbox"/> Emotions |
| <input type="checkbox"/> Other     |                                   |

Women - LMP; Color; Interval; Duration; Flow; Clots; Cramps:

For Patients with pain:

Pain scale (0-10):



Pain type:

- Sharp/stabbing
- Pins & Needles
- Dull/aching
- Numbness
- Improve with pressure
- Improve with hot
- Improve with cold

Pain location

**OBJECTIVE**

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Blood pressure: \_\_\_\_\_

Temperature: \_\_\_\_\_

Pulse rate: \_\_\_\_\_

Respiration: \_\_\_\_\_

**TCM Pulses:**

Cun (Left; Right):

Guan (Left; Right):

Chi (Left; Right):

Overall:

Tongue body:

Tongue coating:

Sublingual Vein:

**ASSESSMENT/DIAGNOSIS**

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TCM Diagnosis:

TCM Differentiation:

**PLAN OF TREATMENT**

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Treatment principle:

Acupuncture bilateral PTS:

Right:

Left:

Additional techniques:

Herbs/patient recommendations:

Future treatment plan: