WHOLE HEALTH CLINIC
DONGGUK UNIVERSITY LOS ANGELES

Clinical Case Study for Internship Level 1

Student Name: **Student ID:** **Current Quarter:**

Info	**Patient File #:**	**Sex:**	**Age:**	**Height:**	**Weight:**
	Date of Visit:	**BP:**		**HR:**	**Temp.:**
Subjective [S]	**Chief Complaints (CC)**				
	History of Present Illness (HPI)				
	Review of System (ROS) & Past Medical History (PMH)				
	Pharmacological Assessment (Drug / Interaction with herbs)				
	Family Medical History (Biological Parents, Siblings)				
Objective [O]	**Physical Exam (PE) & Labs**				
Assessment [A]	**Western Diagnosis** (*only if the patient brings in*)				
	Tongue & Coating:				
	Pulse: Ⓛ Ⓡ				
	Diagnosis (Dx.)				
	ICD Code:				
Treatment Plan [P]	**Treatment Plan**				
	Acupuncture Treatment				
	Herbal Treatment				
	Other Treatment □ Electro Acupuncture □ Cupping □ Tui-Na □ Gua Sha □ Infrared Lamp □ Moxa □ Hot / Cold Pad □ Ear Seed Other Modality:				
	CPT Code:				
	Prognosis / Recommendation				

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

2nd Visit	**Date of Visit:**	**BP:**	**HR:**	**Temp.:**
	Subjective (S)			
	Objective (O)			
	Assessment (A)	□ Resolved	□ Improved (_____%)	
	Plan (P)			
3rd Visit	**Date of Visit:**	**BP:**	**HR:**	**Temp.:**
	Subjective (S)			
	Objective (O)			
	Assessment (A)	□ Resolved	□ Improved (_____%)	
	Plan (P)			
4th Visit	**Date of Visit:**	**BP:**	**HR:**	**Temp.:**
	Subjective (S)			
	Objective (O)			
	Assessment (A)	□ Resolved	□ Improved (_____%)	
	Plan (P)			
Conclusion				

FOR OFFICE USE ONLY

Clinic Coordinator: _____ **Date**:_____