WHOLE HEALTH CLINIC
DONGGUK UNIVERSITY LOS ANGELES

Intern Treatment Note

Intern Name: _____ **Student ID**:_____ Intern Level: I II III

Pt. File #:		(M / F)	Age:	Height:	Weight:
Tx. Date:			BP:	Temp:	Respiratory Rate:
CC					
<Subjective> **HPI** **ROS**					
<Objective> **PE** **Lab**					
Tongue			**Pulse**		
<Assessment>					
<Tx. Plan>	**Acup. Rx** **Herb Rx.** **Modality:** **Moxa** **Cupping** **Ear Seed** **Tui Na** **Other:**				
Notes					

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