WHOLE HEALTH CLINIC
DONGGUK UNIVERSITY LOS ANGELES

Internship Treatment Record

Intern Name: _____ **Student ID:**_____

Intern Level: I II III **Quarter:** _____ **Sheet No. #:**_____

	Date	File No. #	Pt. Log *(New / Reg.)*
①			**N / R**
②			**N / R**
③			**N / R**
④			**N / R**
⑤			**N / R**
⑥			**N / R**
⑦			**N / R**
⑧			**N / R**
⑨			**N / R**
⑩			**N / R**
⑪			**N / R**
⑫			**N / R**
⑬			**N / R**
⑭			**N / R**
⑮			**N / R**
⑯			**N / R**
⑰			**N / R**
⑱			**N / R**
⑲			**N / R**
⑳			**N / R**
㉑			**N / R**
㉒			**N / R**
㉓			**N / R**
㉔			**N / R**
㉕			**N / R**

	Date	File No. #	Pt. Log *(New / Reg.)*
㉖			**N / R**
㉗			**N / R**
㉘			**N / R**
㉙			**N / R**
㉚			**N / R**
㉛			**N / R**
㉜			**N / R**
㉝			**N / R**
㉞			**N / R**
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㊿			**N / R**

FOR OFFICE USE ONLY

Total Number of Patients Treated: New Pt.: _____ Revisit Pt.: _____ Total: _____

Approved by Clinic Coordinator: _____ **Date**: _____