## Acupuncture Initial Assessment and Treatment Record

The Acupuncturist is solely responsible to follow the guidelines and requirements as mandated by their provincial College/Association. Please complete all spaces applicable to your province.

<table>
<thead>
<tr>
<th>Acupuncturist Name:</th>
<th>Registration #:</th>
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<tbody>
<tr>
<td>Client's Name:</td>
<td>Date of Treatment:</td>
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### Primary Reason for Visit

### Current Symptoms

### General Observations

### Examinations - Tongue

#### Tongue Crack:
- Vertical Crack in the Center
- Transverse Cracks on the Sides of the Tongue
- Transverse Cracks Behind Tip
- Transverse Cracks
- Short Horizontal Cracks
- Long Horizontal Cracks
- Irregular Cracks
- Cracks Like Ice Floes

#### Tongue Coating:
- Yellow Root with A White Tip Coating
- Yellow
- White
- Thin
- Thick
- Snow-Like White Coat
- Simultaneous White and Yellow Coating
- Rooted Coating
- Powder-Like White Coating
- Less
- Half Yellow, Half White (Longitudinally) Coating
- Gray
- Dirty Yellow
- Coating Has No Root
- Black Centered with White and Slippery Sided Coating
- Black

#### Tongue Body:
- Wet
- Thin
- Tender Texture
- Teeth Marks
- Swollen Tip
- Swollen Sides
- Swollen Front one-third of the tongue
- Swollen Edges
- Swollen Between the Tip and the Central Surface
- Swollen
- Stiff
- Short
- Rough
- Quivering
- Moving
- Long Tongue
- Local Swelling on One Side
- Hammer Shaped
- Half the Tongue Is Swollen
- Flaccid
- Dry
- Deviated
- Big

#### Tongue Body Color:
- White Spots
- Scarlet
- Red Tip
- Red Spots
- Red
- Purple
- Pale
- Green
- Dark Red
- Black Spots
### Examinations - Pulse

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### Palpation

Client Medical History

Previous family health, ongoing problems, past illnesses/operations, prescription drugs, allergies, nutritional supplement, other health care provider's referral and/or treatment plan

### Diagnosis and Treatment

TCM diagnosis/ differentiations

TCM Treatment Principle

TCM Treatment Plan/Advice

Acupuncture Points Prescribed

Adjunct Modalities

- Cupping
- Tui Na Therapy
- Gua Sha

Acupuncturist Signature: __________________________ Date: ______________