Department of Eastern Studies

Session Report by _____ Date:

Client's Initials _____ f/m Age ____ Profession_____
Activity

Chief Complaint:
Additional Signs and Symptoms:

Hara: most kyo ____ most jitsu_____

Tongue: shape: color: markings:

Pulse: rate: bpm prox * *
* *
dist. * *

How is:

Emotion:

Diet: reg/irreg **Digestion**

Circulation: **Sleep**

Elimination:

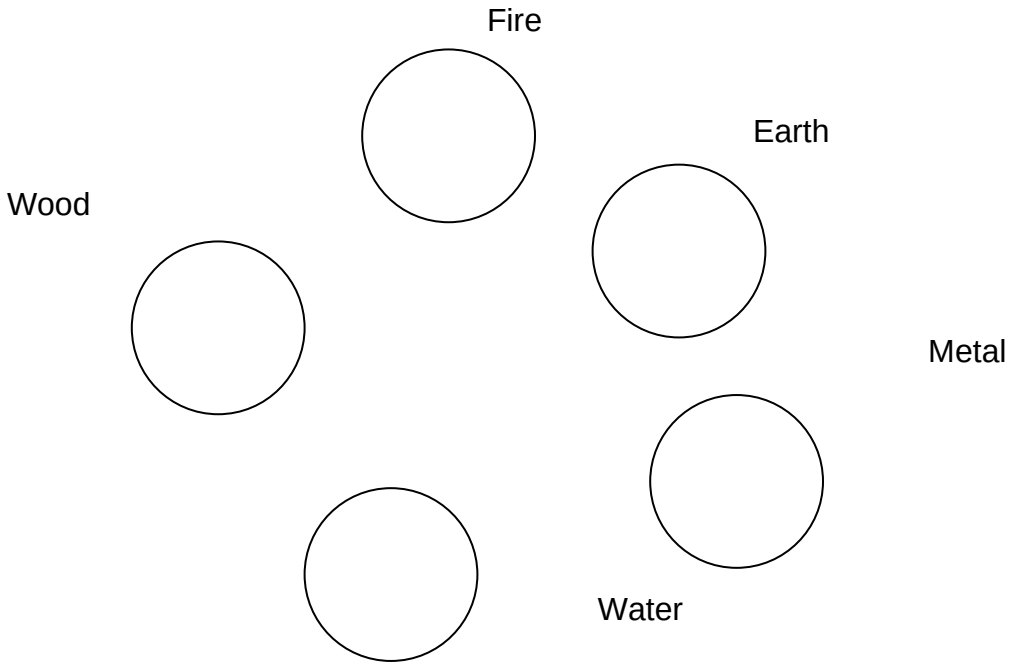
Any **pains**? Describe quality and location

Any relevant medical history?

Cautions/contra-indications:

What is the pattern that your client shows?

What is your Treatment Strategy?



What did you work?