FULL CONSULT (FOLLOW-UP INTAKE & CONSENT)This is the form used for follow-up consultations at the East West Free Clinic (2 pages)

EAST WEST FREE CLINIC FOLLOW UP

NAME	Contact
Clinician(s)	Station of this center are not licensed medical doctors and do not diagnose or
By signing below, I understand the staff prescribe. I understand that the herbs ar assume all responsibility for decisions I responsibility.	nd other recommendations I receive are traditionally considered safe. I
Signature	DATE
	
	

VITALITY/QI	BL/YIN
COLD (tight and slow, side-to-side) WIND (float	DCATION: Surface / Deep FORCE: Strong/Weak ating-ext /changing-int) DAMP (slippery, cotton, moist skin) R HEAT (floating,rapid,slip) HARDNESS = Yin deficiency (Wirey
LEFT PULSE ENDOCRINE (const./essence -needs rest) D Heart M Liver P Kidney	RIGHT PULSE DIGESTIVE (acquired/vitality – diet & excercise) D Lung M Stomach P Bladder
BONES: Thin / Broad HANDS: Warm / Cool / Moist / Dry VOICE: Timid / Loud / Chatty EYES: Puffy / Yellow / Red / Dark Circles	TISSUE: Watery / Fleshy / Sinewy / Boney NAILS: COMPLEXION:
	TONGUE: Body Color: Coat: Shape: Moisture: Underneath: Movement:
OTHER:	HEART
TRACKING CRITERIA:	
ASSESSMENT:	
PLAN:	