

Pulse: _____

Tongue: _____

Mental Status Exam:

General _____

Perception _____

Mood _____

Affect _____

Thoughts _____

Cognition _____

Energetic Evaluation: _____

Diagnosis:

Axis I _____

Axis II _____

Axis III _____

Axis IV _____

Axis V: _____

Treatment Plan:

Medication: _____

Nutritional and Herbal Supplement

Psychotherapies: _____

Acupuncture: _____

Meditation/relaxation techniques:

Lab Tests/Investigation: _____

Evaluator Name: _____ (Print)

Signature: _____