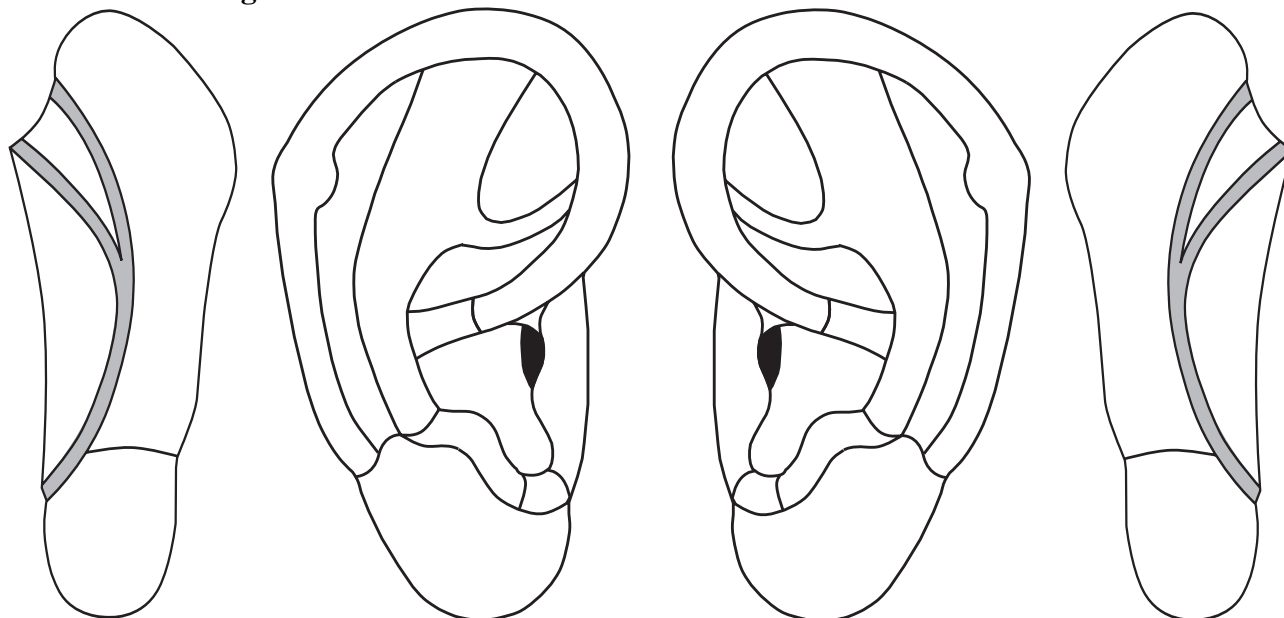


# Auriculotherapy Treatment Form

Right Ear

Left Ear

ATF



Indicate on pictures above those areas on ear where reactive ear reflex points were found

1. Patient I.D.: \_\_\_\_\_ 2. Date: \_\_\_\_\_ 3. Time: \_\_\_\_\_ Onset \_\_\_\_\_ End \_\_\_\_\_ 4. Time: \_\_\_\_\_

5. Patient Complaints Prior to Treatment: \_\_\_\_\_

6. Objective Body Assessments Prior to Treatment: *(ie. symptoms, imitations in range of motion)*

7. Auricular Diagnosis Observations: *(i.e. regions of tenderness and electrodermal conductance)*

8. Auriculotherapy Treatments Used:  Acupuncture Needles  Transcutaneous Stimulation

Electroacupuncture  Acupoint Pellets  Acupressure  Other: \_\_\_\_\_

9. Auricular Points Treated: \_\_\_\_\_

10. Patient Experience Following Treatment: \_\_\_\_\_

11. Objective Body Assessments Following Treatment : \_\_\_\_\_

[ For Office Use Only ] Clinic ID: \_\_\_\_\_ Practitioner ID: \_\_\_\_\_