

TCM Diagnosis Form

Participant ID: _____ Clinic ID: _____ Practitioner ID: _____ Date: _____ Time: _____

1. **Overall TCM Assessment:** _____

2. **Qi Rating:** N = Normal or Sufficient; D = Deficient; E = Excess; ST = Stagnant; IR = Irregular

Quality	Rating	Quality	Rating	Quality	Rating
Nourishing Ying Qi		Liver Yang		Large Intestines	
Defensive Wei Qi		Liver Yin		Small Intestines	
Essence Jing Qi		Heart Yang		Stomach	
Yang / Yin (Circle Which)		Heart Yin		Urinary Bladder	
Heat / Cold (Circle Which)		Spleen		Gall Bladder	
Dry / Damp (Circle Which)		Lung Yang		Triple Warmer	
Wind		Lung Yin		Pericardium	
Fire		Kidney Yang		Conception Vessel	
Phlegm		Kidney Yin		Governing Vessel	

3. **Facial Color and Skin Texture Assessment:** (Check all that apply) Normal Vibrant Dull
 Pale Grayish Reddish Purplish Dark Dry Moist Greasy Smooth Rough
 Other: _____

4. **Pulse Diagnosis:** : N = Normal or Sufficient; D = Deficient; E = Excess; ST = Stagnant; IR = Irregular

Depth	Left Wrist Position			Right Wrist Position		
	Distal	Middle	Proximal	Distal	Middle	Proximal
Surface						
Deep						

Other Qualities: Rapid Slow Choppy Wiry Slippery Thready Full Empty Tight
 Other: _____

5. **Tongue Diagnosis:**

	Tip of Tongue	Center of Tongue	Back of Tongue	Sides of Tongue
Thickness of Coating: i.e. None, Thin, Medium, Thick				
Color of Coating: i.e. White, Yellow, Dark, Green				
Color of Body: i.e. Pale, Pink, Red, Purple, Blue				
Moisture of Tongue: i.e. Normal, Wet, Dry, Sticky				
Surface of Tongue: i.e. Smooth, Cracked, Bumpy, Dots				

Other Traits: _____