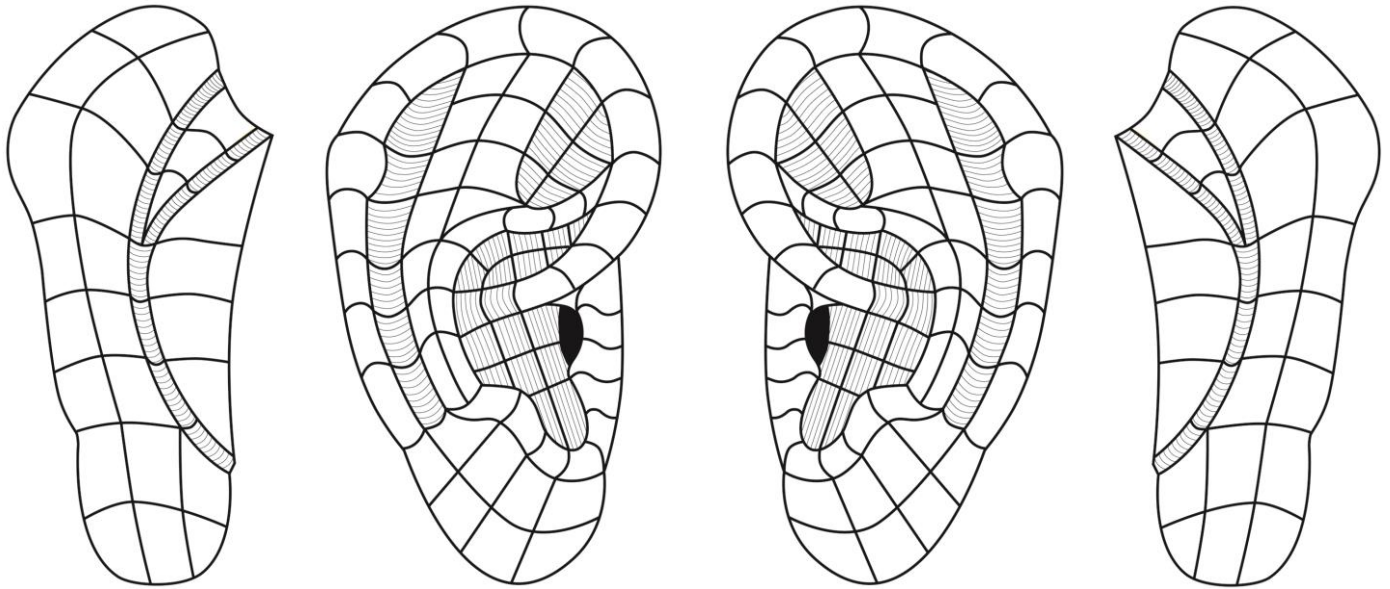


# Auriculotherapy Treatment Form

Right Ear

Left Ear



Indicate on the auricular images above those areas on the ear where reactive ear reflex points were found.

1. Therapist Name: \_\_\_\_\_ 2. Patient ID : \_\_\_\_\_ 3. Patient Age: \_\_\_\_\_

4. Sex:  Male  Female 5. Race:  White  Black  Latino  Asian  Other \_\_\_\_\_

6. Date of first session: \_\_\_\_\_ 7. Number of Sessions: \_\_\_\_\_

8. Patient Complaints Prior to Treatment: (i.e. symptoms, range of motion) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Auricular Diagnosis Observations: (i.e. regions of skin changes, tenderness, electrodermal conductance)  
\_\_\_\_\_  
\_\_\_\_\_

10. Auriculotherapy Treatments Used:  Acupuncture Needles  Electroacupuncture  Acupressure  
 Transcutaneous Stimulation  Acupoint Pellets  Laser  Other: \_\_\_\_\_

11. Auricular Points Treated: \_\_\_\_\_  
\_\_\_\_\_

12. Patient Experience and Body Assessments Following Treatment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_