

**FEIFEI LIU, A.P.
TRADITIONAL
CHINESE MEDICINE**

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**ALL ORDERS WILL BE
SHIPPED VIA USPS
PRIORITY MAIL UNLESS
OTHERWISE REQUESTED.
FOR FEDEX OVERNIGHT (AT
ADDITIONAL CHARGE)
PLEASE PLACE CHECK MARK
HERE _____**

VITAL BODY READINGS AND CONSULTATION

Use another sheet of paper if necessary to completely answer all questions below. Submit picture of affected area (optional).

DATE:

Name:

Phone Number:

1. **Head temperature:** (hot, warm, cold)
2. **Hand Condition:** (warm, cold; swelling & color)
3. **Feet Condition:** (temperature, swelling & color)
4. **Bowel Movement:** (frequency, color, consistency)
5. **Bowel Movement:** Is there mucus in stool? (if so how much?)
6. **Urine Color & Frequency:**
7. **Appetite:** (feel hungry before meals?)
8. **Sleep Pattern:** (Sleep all night without waking up? If wake-up, what time(s)? Do you sweat at night?)
9. **Thirsty: Preferred Temperature:** (cold, warm, hot)
10. **Tongue Coating:** (dry, wet, yellow, white)
11. **Color of Mucus if present:**
12. **Energy Level:** (from 1 – 10, 10 is the most)
13. **Pain:** Location- draw a diagram of where the pain is, indicating left/right, top/bottom, etc.
Description- (sharp, dull, throbbing, etc.)
Intensity- (from 1-10, 10 is the most)
Frequency- (constant, intermittant, only at certain times, etc.). Is pain increasing or decreasing?
14. **Other Symptoms or Concerns**

NOTES ON BODY FUNCTION CHANGES: