

Date: \_\_\_\_\_  
 Horse: \_\_\_\_\_  
 Owner: \_\_\_\_\_

Age: \_\_\_\_\_



History: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Body Condition: \_\_\_\_\_ Constitution: \_\_\_\_\_ Back Temp: \_\_\_\_\_

Tongue Color: \_\_\_\_\_ Tongue Moisture/Coating: \_\_\_\_\_ Ear Temp: \_\_\_\_\_

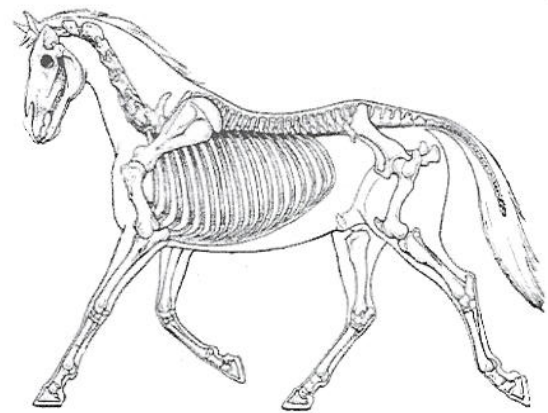
Pulses: L R Other Findings: \_\_\_\_\_

General \_\_\_\_\_

3 Locations	_____	_____	_____	Temp: _____
	_____	_____	_____	Pulse: _____
	_____	_____	_____	Resp: _____

Body Scan: L R

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



Diagnosis: \_\_\_\_\_

Treatment:		Dry Needle Points				Electro	Aqua/Hemo/Other
Both	Both	Right	Left				
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	

Prescribed Herbs: \_\_\_\_\_

Post AP Instructions: \_\_\_\_\_

Follow up: \_\_\_\_\_

Next Appointment: \_\_\_\_\_