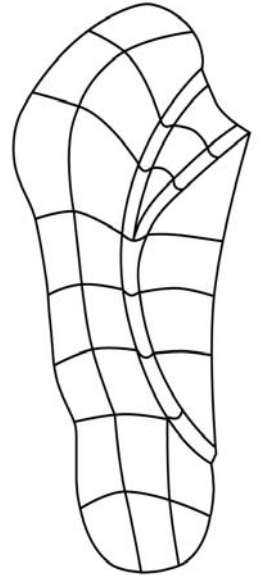
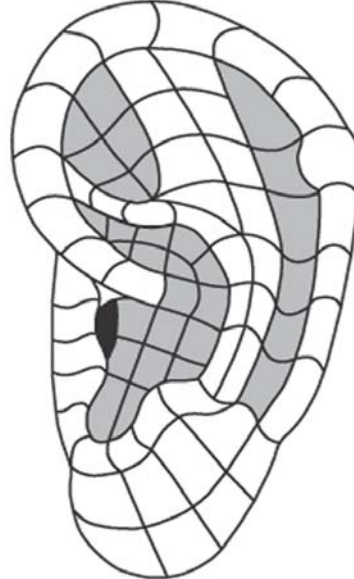
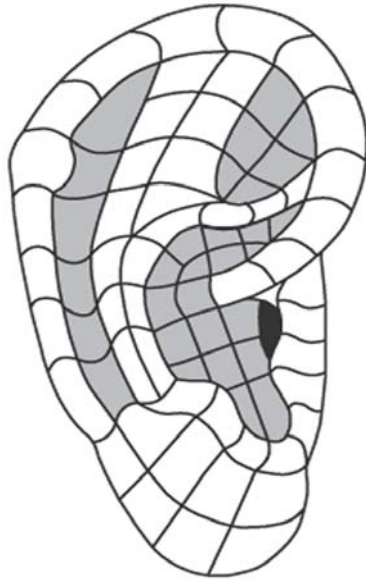
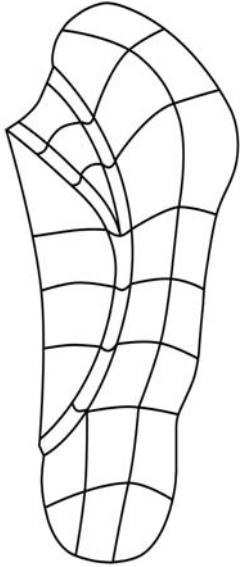


Auriculotherapy Treatment Form

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: _____

