**Treated Points** (from grid) : …………………………………………………………………………….

Enter here the name of the points you usually use : …………….………………………………………

…………………………………………………………………………………………………………..

**Used map** : Paul Nogier - Terry Oleson - Frank Bahr - Chinoise (GBT 13734-2008) - David Alimi -

Points OMS - Sectogram Romoli : Autre choix ………………………………………………….......

Name of practitioner (optional)  Profession of the practitioner 

Patient Name (first 3 letters)  Patient First Name (first 3 letters) 

Year of birth of the patient  Age of the patient

**Main Pathology**

Symptoms

Allergy -  Anguish -  Anxiety -  Asthenia -  Headache -  Constipation -  Depression -  Dermatosis -  Diarrhea -  Pain -  Dyspnoea -  Fever -  Hematoma -  Hypocondrie -  Insomnia -  Irritabillity -  Faintness (sensation) -  Migraines -  Sinusitis -  Spasms -  Stress -  Cough -  Tremors -  Psychiatric disorders -  Vertigo -  Other choice ……………………………………………………………………..;

**System**

 Hearing system -  Cardiovascular system -  Digestive system -  Endocrine system -  Immune system -  Locomotor system -  Lympahtic system -  Muscle system -  Nervous system -  Vocal apparatus -  Reproductive system -  Respiratory system -  Somatosensory system -  Squeletal system -  Tegumentory system -  Vestibular system -  Visual system -  Urinary Tract -  Other choice …………………………….

**Location**

 Right side -  Left side -  Anterior -  Posterior -  head -  skull -  face -  eye -  nose -  mouth -  throat -  ear -  neck -  cervical -  thorax -  dorsal -  arm -  elbow -  front arm -  hand -  wrist -  finger -  Right Upper Abdomen -  Upper left abdomen -  Abdomen inf droit -  Abdomen inf gauche -  Lumbar lumbar -  Basin -  Genitalia M -  Genitalia F -  Pelvis -  Hip -  Thigh-femur -  Knees -  Leg -  Ankle -  Foot -  Other choice

**Pathologies associated**

Other pathologies treated :

**Résult**

 immediate -  to one week -  to a month -  to three months -  To one Year -  Other choice

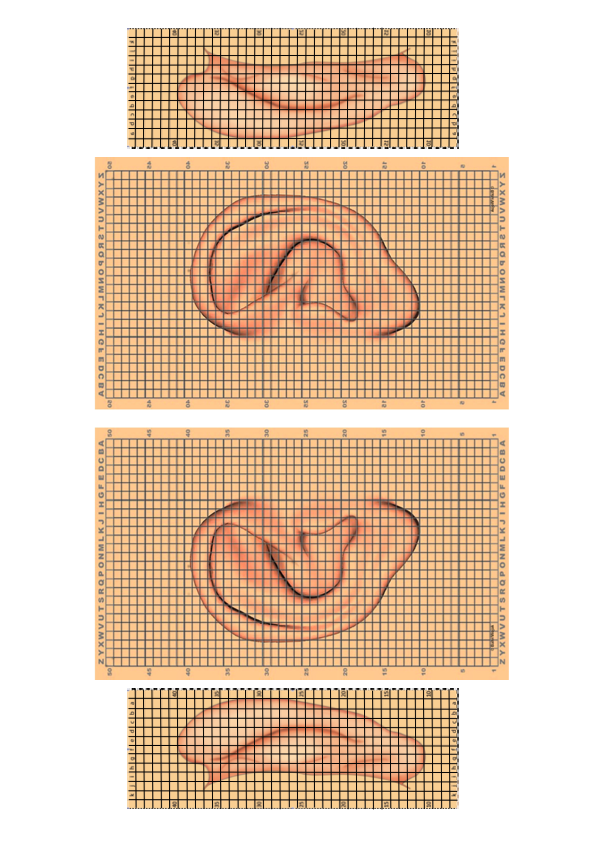
**Appéciation du résultat noté sur 10**

**1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10**

**Associated treatments type :**

Prescribed treatment

Your comments (free text)

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