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Name:

Date:

Change of main Symptoms:

Forehand Temperature: is it cooler than the hands?

Hands temperature:

Feet Temperature:

BM:

frequency
consistency
color

Urination

frequency
color

Appetite:

Sleeping:

fall into sleep
stay at sleep
Wake up at night?

well rested in the morning?

Thirst:

Feel thirsty?

Abnormal?

Normal

likes: cold or warm drinks?

Tongue: Body Color:

Coating thickness and color

Other Changes: