

INSTITUTE OF CLINICAL ACUPUNCTURE AND ORIENTAL MEDICINE

CLINICAL CASE REPORT ASSESSMENT FORM

STUDENT NAME _____

SEMESTER _____

ASSESSMENT CRITERION:	ASSESSMENT SCALE:					TOTAL
1. OVERALL PROFESSIONAL APPEARANCE	0	1	2	3	4	Section 1
Typed, with Student Name & Header indicating content						4
Well organized with clearly labeled sections						4
No Patient Identifiers (e.g.. Name) Except-sex, age, height, weight:						4
Includes Patient Personal & Familial Medical History:						4
Supervisors Comments:						16
2. CASE SUMMARY	0	1	2	3	4	Section 2
Begins with Chief Complaint & provides sufficient details:						4
All "10 Questions" addressed, even if within normal limits:						4
Tongue description covers all parameters:						4
Pulse description covers all parameters:						4
Supervisors Comments:						16
3. CASE ANALYSIS	0	1	2	3	4	Section 3
List of relevant signs & symptoms						4
TCM Differential Diagnosis						4
Supervisors Comments:						8
4. TREATMENT STRATEGY	0	1	2	3	4	Section 4
TX Strategy clearly stated & consistent with diagnosis						4
Acu-Points include Number (LR-3) & Name (Tai Chong)						4
List of all the Herbs include Pinyin (Tian Ma)						4
Supervisors Comments:						12
5. TREATMENT OUTCOMES	0	1	2	3	4	Section 5
Includes TX Frequency and Duration						4
Describes Patient's Clinical Progress						4
Supervisors Comments:						8
Total						60

TOTAL POINTS EARNED :

CASE REPORT GRADE :

GRADING SCALE

A	= 50 - 60
A-	= 45 - 50
B	= 30 - 44
F	= 0 - 29

Mai Wang

Supervisor (Please Print Name)

Mai Wang June 25, 2016

Signature of Supervisor

Date