### **1. First visit.**

### **Assessment of client's condition.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:**  |  | **Date of birth:** |  |

# 1.1. the image



thyroid

trachea

lungs

liver

gallbladder

kidneys

ureter

appendix

bladder

urethra

heart

esophagus

spleen

stomach

pancreas

small intestine

colon

rectum

# 1.2. customer complaints

# 1.3. Diagnosis from the Western medicine point of view (if any, see the documents in the application)

# 1.4. Study plan. Medications. Designated specialists.

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Specialist’s signature: |  |