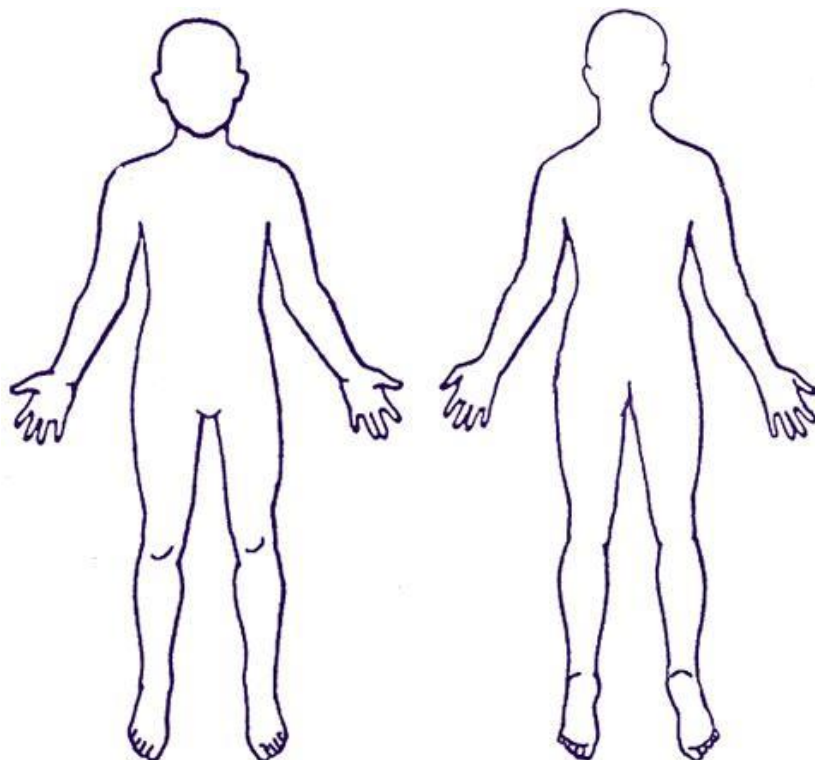
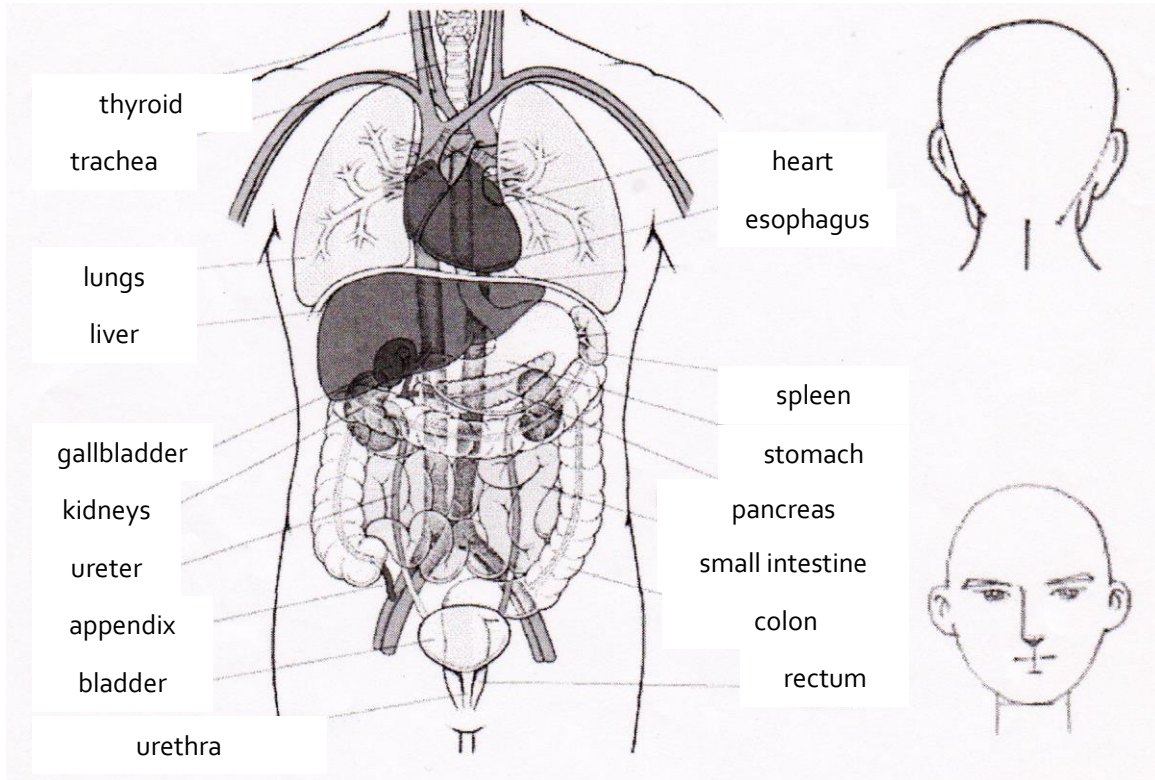


# 1. FIRST VISIT.

## ASSESSMENT OF CLIENT'S CONDITION.

Name:		Date of birth:	
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### 1.1. THE IMAGE



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:	
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