

American Chinese Medicine Association

ACMA Update Form

Steps to Complete ACMA Update Form

1. Please go through your ACMA New Patient Form, and put all positive signs and symptoms in that form into one of the three sections below.
2. Save this form as a word (.doc or .docx), pdf (.pdf), or photo file format.
3. Email this form to info@AmericanChineseMedicineAssociation.org

Patient Name: _____

Update Date: _____

Questions	Answers
<p data-bbox="467 865 678 898" style="text-align: center;">Reference Date</p> <p data-bbox="237 940 873 974">Please indicate the reference date in right column.</p> <ol style="list-style-type: none"><li data-bbox="285 1016 902 1117">1. To be consistent, it is advised to use the date before your ACMA support first started as the reference date.<li data-bbox="285 1125 902 1192">2. To save your time, key word is fine. No full sentence is needed.	
<p data-bbox="480 1272 665 1306" style="text-align: center;">Improvement</p>	<ol style="list-style-type: none">1.2.3.4.5.6.7.8.9.10....
<p data-bbox="500 1749 646 1782" style="text-align: center;">Worsening</p>	<ol style="list-style-type: none">1.2.3.4.

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	5. 6. 7. 8. 9. 10. ...
Unchangedness	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. ...
Vitals If your vitals fluctuate during the day, please check your vitals several times a day.	Temperature: Blood Pressure: Pulse: Weight: Blood Sugar (Glucose):
How is the patient's appetite (good, average, poor)?	
How many bowel movement(s) a day?	
If you do not have bowel movement everyday, how many bowel movements a week?	
Are the stools well formed, loose, watery, or constipated?	
How many urination(s) during the night?	
What's the urine color?	
Does the patient feel dry mouth and thirsty?	
What's the patient's energy level (on a scale of 0 to 10, 0 is no energy, and 10 is the best energy)?	
What's the patient's stress level (on a scale of 0 to 10, 0 is no stress, and 10 is the highest stress)?	

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How is the patient's sleep condition (good, average, poor)?	
Does the patient feel hands, feet, and body cold, hot, or normal?	
Medications	
Please list all medications (names and doses) you are taking. Please indicate if the dose is changed.	
Diets	
Please list the foods and drinks you have been taking.	
Additional Information	
If there are additional information relating to the patient's conditions not covered above, please enter them into the right column.	
Tax Benefit Plans	
All tax benefit plans cover ACMA cost. For more information on this topic, please visit https://americanchinesemedicineassociation.org/financial-assistance	

Best regards.

American Chinese Medicine Association (ACMA)
<http://www.AmericanChineseMedicineAssociation.org>

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