**SOAP - Herbal Follow Up Template**

@NAME@ a @AGE@ @SEX@ presents in the Traditional Herbal Medicine clinic.

Patient identity confirmed by name and DOB; \*\*\*YES **\*\*\*NO**

Initial visit date: \*\*\*

Last visit date: \*\*\*

Today @Date@ is \*\*\* IN PERSON \*\*\* VIRTUAL follow up encounter # \*\*\*

It has been \*\*\* since last visit

Height: \*\*\*

Weight: \*\*\*

Allergies reviewed: \*\*\*Soy, Gluten, Latex, Shellfish, Latex, Citrus, Sesame, Tree nuts, Potato

Medication & Supplements reviewed: @TODAYDATE@

\*\*\*

**Chief complaint(s): \*\*\***

**SUBJECTIVE**

@NAME@ presents today in the herbal clinic to address \*\*\*

*Digestion* \*\*\*

*Bowels* \*\*\*

*Urination* \*\*\*

*Sleep* \*\*\*

*Mood* \*\*\*

*Fatigue* \*\*\*

*Pain* \*\*\*

*Gynecology* \*\*\*

\*\*\*

No other changes

***Current and/or Prior treatment****:* \*\*\*

***Relevant comorbidity:*** \*\*\*

**OBJECTIVE**

***Physical Exam***: \*\*\*None performed \*\*\*

***Visual inspection*:**

*Spirit/Shen*: \*\*\*Alert \*\*\*Disoriented

*Qi*: \*\*\*Normal breathing, \*\*\*Labored breathing, \*\*\*Week/low voice,

***Labs/Imaging***: \*\*\*None since last encounter \*\*\* Were reviewed and discussed with the patient

*TM Tongue*: \*\*\*

*TM Pulse*: \*\*\*

**ASSESSMENT**

@NAME@ presents today in the herbal clinic to continue addressing \*\*\*acute \*\*\*chronic \*\*\*, which are \*\*\*getting progressively worse \*\*\*stable \*\*\*improving.

Patient complaints, subjective symptoms and objective signs are reviewed and analyzed based in Traditional Chinese Medicine (TCM) Eight Principles strategy and consistent with below TM patterns.

Continue with treatment strategy established: treat Manifestation/Branch and Cause/Root simultaneously.

Multiple pharmaceutical medications and nutraceutical supplements reviewed and drug-herbs interactions risk involved in patient condition management is carefully evaluated.

Labs reviewed and assessed for herbal therapy safety.

The amount of data assessed at this encounter is consistent with the moderate complexity level of Traditional Medicine decision-making.

The following problems are addressed at this encounter.

**1.**

*ICD-10 Diagnosis* \*\*\*

*ICD-11 TM pattern*: \*\*\*

*TM Treatment Principle*:  \*\*\*

**2.**

*ICD-10 Diagnosis* \*\*\*

*ICD-11 TM pattern*: \*\*\*

*TM Treatment Principle*:  \*\*\*

**PLAN OF CARE**

Patient presents with signs and symptoms consistent with the diagnosis. Counseling and treatment instructions have been provided to patient, including but not limited to the need for herbal therapy, herbal intake instructions, explanation of possible contraindications and adverse reactions. Patient has been advised to inform their health care providers (physicians, pharmacists, etc.) about all the medications and supplements intake, including herbal formulae.

All questions were answered. Patient verbalized understanding and agreed to begin care.

***Therapy goal:*** *\*\*\**Therapeutic \*\*\*Symptom management \*\*\*Palliative

*HOME GOING INSTRUCTIONS*

***Appointments schedule:***

Next follow up appointment in \*\*\* weeks

***Referrals*:** \*\*\* None \*\*\*Advised to see \*\*\*

***Labs/tests ordered:*** \*\*\*CMP \*\*\*

***Traditional Medicine Recommendations:***

*Patient prefers \*\*\*powder \*\*\*capsules*

*Nutraceutical Rx* (\*\*\* manufacturer): (patent) **\*\*\***

Dosage, including amount, strength and instruction for use:

Take \*\*\*capsules\*\*\*tablets \*\*\* drops \*\*\*times a day, for \*\*\* days

*Homeopathic Rx* (\*\*\* manufacturer): (patent) **\*\*\***

Dosage, including amount, strength and instruction for use:

Dissolve under the tongue \*\*\* drops \*\*\*pellets \*\*\*tablets \*\*\*times a day, for \*\*\* days

*TM Dietary recommendations****:*** \*\*\*None \*\*\* Specific recommendations were discussed, handout with detailed instructions was given.

*TM Herbal Rx (Custom Compounded)*: \*\*\*

*Herbal Formula Intake instructions* are located on the label side bar on the bottle:

* Take # of level spoons # times a day diluted in small amount of warm water.
* To measure herbs, use attached plastic spoon, 1 level spoon equals ~ 1gramm of granulated herbs.
* Separate intake of your herbs at least 1 hour from your medications and/or supplements.
* If you forget/missed the herbal intake time, skip that dose. **NEVER double the prescribed dose**!

*You will receive an e-mail from Crane Herb Pharmacy with your herbal formula prescription pick up instructions. Please be advised to check your spam folder as well. Please verify shipping address. With the selection of priority shipping, you should receive the herbal product within 3-4 business days.***All herbal orders are final. No returns will be accepted by the pharmacy!**

***What you should expect:***

Traditional Chinese herbs can be used for a variety of complaints. Please understand that they are not a substitute for conventional medical diagnoses and treatment. Different disorders may require different length of the therapy that may range from few days to few years. Be aware that it may take few weeks to notice subtle changes and up to 3 months for herbal formula to reach its therapeutic potential.  It is also important to note that everyone responds differently, therefore favorable outcomes of the therapy cannot be guaranteed in every case.

It is advisable to inform all members of your healthcare team (Medical Doctor, Pharmacist and Herbalist) about all the medications and supplements that you are taking, including any herbal formulae. If there are any changes in your medications and supplements please inform your prescribing licensed herbalist immediately.

Please be advised, do NOT buy any natural supplements over-the-counter or internet without prior consultation with your prescribing licensed herbalist. This is to prevent any potential interaction with your prescribed Chinese herbal formula, medication, and supplements. Also, the quality of herbal products purchased from outside sources may be questionable.

Herbs and nutritional supplements (which come from plant, animal, or mineral sources) are traditionally considered safe, but some allergic reactions or side effects (i.e. nausea, gas, stomach ache, vomiting, headache, diarrhea and rashes) may occur.

***Adverse reaction instructions:***

In case of any adverse reaction, new unusual symptoms, or recent contracted infectious disease (ex: common cold, etc.), please **STOP** herbs and contact me immediately via your patient’s portal message or call: ###\_###\_####

If you are experiencing a life-threatening emergency, please call 911 or go to your nearest hospital. Please take all medications, supplements, and the herbal prescription bottle with you.

Having questions or concerns? Please, send me a message via your secure patient’s portal, they will be answered within one business day.

Provider Name: *\*\*\**

\*\*\* minutes were spent face to face with the patient on Established Patient Present Illness Evaluation at this encounter.

More than 50% of time was spent on patient education and counseling.

Additional 15 min were spent on drug-herb interaction review, and complex individualized TCM herbal formulae compiling and placement for custom compounding to “CraneHerb” Traditional Herbal Medicine pharmacy.