



**Wu Hsing Tao School (WHTS)  
Five Element Acupuncture: Treatment Documentation**

**To be completed by Applicant:**

I, \_\_\_\_\_ consent to the release of confidential information by my  
(Name of Applicant)

practitioner, \_\_\_\_\_ to WHTS as part of the admissions process.  
(Name of Five Element Acupuncturist)

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by Practitioner:**

**(Practitioner to mail this form directly to: WHTS, 4000 NE 41<sup>st</sup> St, Seattle, WA 98105)**

What 5E School did you graduate from? \_\_\_\_\_ What year? \_\_\_\_\_

**Regarding the Applicant:**

1. How long has the applicant been in treatment with you? \_\_\_\_\_

2. How often being treated? \_\_\_\_\_

3. What CF have you been treating on? \_\_\_\_\_

4. Describe the response to treatment.  
\_\_\_\_\_  
\_\_\_\_\_

5. How do you see the applicant's state of overall health?  
\_\_\_\_\_  
\_\_\_\_\_

6. Are there any health or personal issues that the school should be aware of that would negatively influence learning and performance?  
\_\_\_\_\_  
\_\_\_\_\_

7. Are you aware of any medications, if so, what are they?  
\_\_\_\_\_  
\_\_\_\_\_

8. Do you recommend that the applicant enroll in a 5E program at WHTS? (Please explain).  
\_\_\_\_\_  
\_\_\_\_\_

(Please use other side of this form if necessary)

Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_