

AMU University Clinic

**DAILY INTERNSHIP PATIENT LOG SHEET**

QUARTER:		YEAR:	
LEVEL:	I      II      III	SUPERVISORS:	
INTERN NAME:		INTERN ID#:	

Date	Time	Patient Last Name & File # ( # )	Treatment Observed or Performed (P/F)										Supervisor's	
			Observation		Intake	Acup	Herb	Moxa	Elect	Cup	Other	Signatures		
Intern	Prof.													
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<b>Administrative Approval:</b>	
Total Number of Hours: _____	Approved by Clinic Director: _____
Total Number of Patient Treated: _____	Date: _____