

DAOM STUDENT CLINIC LOG SHEET

NAME: _____

LOCATION: _____

Date	Patient Initials	Diagnosis		Supervisor Printed Name	Supervisor Signature
		Western, # Codes	TCM		
I					
II					
III					
IV					
V					
VI					
VII					
VIII					
IX					

- | | | | | | |
|----------|---|------------|--|------------|--|
| 1. 308.8 | Stress | 9. 628.9 | Unspecified or Age Related | 17. 643.23 | Vomiting after wk 22 |
| 2. 628 | Anovulation | 10. 617.0 | Endometriosis | 18. 643.93 | Other vomiting, complicating pregnancy |
| 3. 628.1 | Pituitary-Hypothalamic origin | 11. 615.0 | Inflammatory disease | 19. 652.10 | Breach, successfully converted |
| 4. 628.2 | Tubal origin (block, stenosis, occlusion) | 12. 626.0 | Abnormal Menstrual Bleeding | 20. 652.20 | Breech |
| 5. 628.3 | Uterine Origin & non Implantation | 13. 625.3 | Dysmenorrhea | 21. 606.0 | Male infertility |
| 6. 628.4 | Associated with Anomaly | 14. 626.0 | Amenorrhea | 22. 603.0 | Hydrocele |
| 7. 256.4 | PCOS | 15. 643.03 | Morning Sickness, before wk 22 | 23. 607.84 | Impotence |
| 8. 277.7 | Metabolic Syndrome | 16. V23.0 | High Risk Pregnancy, Do not use in file as insurance will not accept | | |