Auricular acupuncture ear chart and treatment record

An orientation chart of the ear, paired with a record you can file after every auriculotherapy session. Page 2 maps the ten anatomical zones of the auricle and marks the five master points on them. Page 3 gives each master point's location, how to find it by touch, and what it is commonly used for, next to the screening questions that decide whether treatment goes ahead. Pages 4 and 5 record the points you used, the aftercare you gave, and the rebooking plan.

1. HOW TO USE THIS FORM

1. Print pages 2 to 5. Keep page 2 in the treatment room as your orientation chart.
2. Complete section 2 with the client before the first session. Record the goal in the client's own words.
3. Work through section 6 before any needle, seed, or press. A yes in that table stops treatment today.
4. Find the zone on the map first, then the point inside it. Confirm the landmark by touch before you stimulate.
5. Log every session in section 7, one row each, and always record which ear you treated.
6. Hand over the section 8 aftercare in writing, then set the review date in section 9.

2. CLIENT DETAILS AND TREATMENT GOALS

Full name _____ **Date of birth** _____ mm / dd / yyyy

Record / MRN _____ **Date of first session** _____ mm / dd / yyyy **Phone** _____

Practitioner _____ **License or registration no.** _____

Presenting concern _____

Goal, in the client's own words _____

Relevant history, medication, and allergies _____

Primary care physician or referring clinician _____ **Practice** _____

Before the first session

☐ Screening in section 6 completed ☐ Treatment explained ☐ Written consent recorded ☐ Aftercare discussed ☐ Photo consent, if used

Record the goal as the client says it. A goal written in their words is what you measure the next session against, and it is the line an auditor can follow from the complaint to the points you chose.

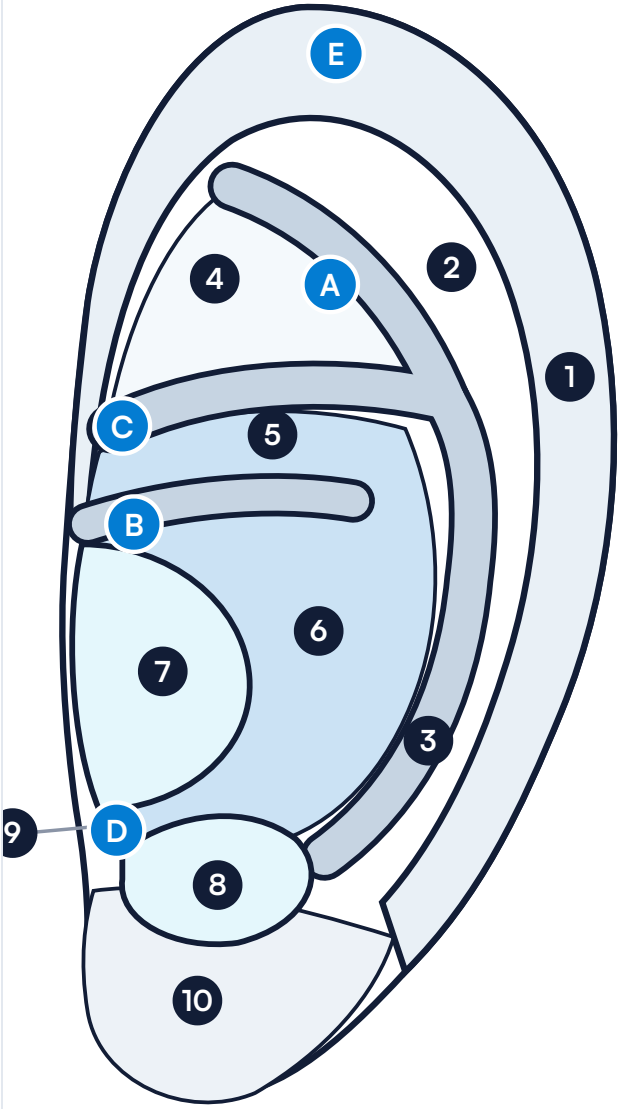
3. WHAT THIS TEMPLATE IS, AND WHAT IT IS NOT

This is an orientation chart and a documentation form. It shows the zones of the ear and the five master points that appear in most protocols. It is not a full point atlas, and it does not replace training in auricular acupuncture. Point names and locations here follow the World Federation of Acupuncture-Moxibustion Societies standard, which names 93 auricular points. Some Western atlases document more than 200. Where your training's atlas differs from this chart, follow your training.

> **Scope of practice.** Who may place auricular needles or seeds is set locally. Check your license, your registration body, and your insurance before you offer auriculotherapy, and keep a note of that check in your practice records.

4. AURICULAR ZONE MAP

A right ear, seen from the side, with the face to the left. The numbers name the anatomical zones. The lettered markers are the five master points, set out in full on page 3. Auricular maps follow an inverted body: the head sits at the lobule, and the feet at the top of the ear.



Right ear. Zones 1 to 10, master points A to E.

1. **Helix** The outer rim of the ear. Carries the ear apex at the top and the ascending helix at the front.
2. **Scapha** The groove between helix and antihelix. Orients to the upper limb, shoulder low and hand high.
3. **Antihelix** The Y-shaped ridge. Orients to the spine, cervical at the tail and lumbosacral toward the fork.
4. **Triangular fossa** The hollow between the two crura. Orients to the lower limb, and holds Shen Men.
5. **Cymba concha** The bowl above the helix crus. Orients to the abdominal organs.
6. **Cavum concha** The bowl below the helix crus. Orients to the chest, heart and lung.
7. **Tragus** The flap in front of the ear canal. Orients to nose, throat, and the adrenal area.
8. **Antitragus** The bump behind the notch. Orients to the head, occiput and temple.
9. **Intertragic notch** The dip between tragus and antitragus. Holds the endocrine points.
10. **Lobule** The soft lower ear. Orients to the head and face: eyes, teeth, jaw and inner ear.

MASTER POINTS

- A **Shen Men** In the triangular fossa, in the angle where the antihelix crura divide, toward the upper fork.
- B **Point Zero** On the ridge of the helix crus where it rises out of the concha, at the vertical midpoint of the ear.
- C **Sympathetic** At the front end of the lower antihelix crus, where it meets the inner rim of the helix.
- D **Endocrine** In the intertragic notch, at the base of the cavum concha between tragus and antitragus.
- E **Allergy** At the apex of the auricle on the helix rim, and on the inner helix opposite it.

The helix crus is the ridge that crosses the middle of the bowl. It separates zone 5 from zone 6, and it carries Point Zero. Zone correspondences are an orientation aid rather than a diagnosis. They tell you which part of the ear to work in, and your atlas tells you where the point sits inside it. Both ears carry the same map, so record which ear you treated.

Locating a point in practice. Work in good light, with the ear held gently forward. Name the zone out loud, find the cartilage landmark next to it with a fingertip, then confirm the spot before you place anything. Write down the zone as well as the point name, because the next practitioner reads your note rather than your hands.

5. THE FIVE MASTER POINTS

These five carry most auricular protocols. Find the zone on the page 2 map first, then locate the point inside it using the landmark in the fourth column.

MARK	POINT	WHERE IT SITS	HOW TO FIND IT	COMMONLY USED FOR
A	**Shen Men**	In the triangular fossa, in the angle where the antihelix crura divide, toward the upper fork.	Follow the ridge back until it forks. The point sits inside the fork.	Anxiety, insomnia, pain, and as a calming addition to most protocols.
B	**Point Zero**	On the ridge of the helix crus where it rises out of the concha, at the vertical midpoint of the ear.	Run a finger back along the notch at the helix root until it meets the bowl.	A neutral balancing point. Most protocols treat it first.
C	**Sympathetic**	At the front end of the lower antihelix crus, where it meets the inner rim of the helix.	Trace the lower fork forward until it disappears under the rim.	Autonomic balance, smooth muscle spasm, and visceral discomfort.
D	**Endocrine**	In the intertragic notch, at the base of the cavum concha between tragus and antitragus.	Feel for the dip between the two cartilage bumps at the front of the ear.	Hormonal regulation, menstrual complaints, and menopausal symptoms.
E	**Allergy**	At the apex of the auricle on the helix rim, and on the inner helix opposite it.	Fold the ear forward. The point sits at the highest fold.	Allergic and inflammatory reactions.

Point names follow the WFAS standard and the master point set used in Western auriculotherapy. The last column lists what each point is commonly selected for. It is not a claim that a point treats a diagnosis.

6. CONTRAINDICATIONS AND SCREENING

Work down this list at every session, not only the first. Tick yes or no on each line, then act on the right-hand column before you place anything.

#	CHECK BEFORE YOU TREAT	YES	NO	WHAT A YES MEANS
1	Broken skin, dermatitis, eczema, or psoriasis on the ear	☐	☐	Do not treat that ear. Use the other ear or postpone.
2	Ear infection, otitis externa, or a discharging ear	☐	☐	Stop. Refer for medical assessment.
3	Perforated eardrum, recent ear surgery, or a grommet	☐	☐	Stop. Get medical clearance first.
4	Pregnant, or trying to conceive	☐	☐	Follow your training's pregnancy protocol and avoid the points it excludes.
5	Anticoagulants, a bleeding disorder, or easy bruising	☐	☐	Use seeds or press balls rather than needles.
6	Pacemaker, ICD, cochlear implant, or neurostimulator	☐	☐	Do not use electrical stimulation on the ear.
7	Immunosuppression, poorly controlled diabetes, or endocarditis risk	☐	☐	Weigh the infection risk. Seek medical clearance before indwelling needles.
8	Metal or adhesive allergy	☐	☐	Use vaccaria seeds with hypoallergenic tape, or leave the seeds out.
9	Fainted or felt faint at a previous session	☐	☐	Treat the client lying down and stay with them.
10	A new symptom that needs a diagnosis first	☐	☐	Refer. Auricular treatment does not replace a diagnosis.

Minor bleeding, brief soreness, and local skin irritation are the common adverse events. Cartilage infection is the serious one, and indwelling needles carry the highest risk of it. Clean the ear first, use single-use sterile needles, and tell the client what a developing infection feels like.

7. SESSION RECORD

One row per session. Write the zone and the point, so a colleague reading this record later can find what you found.

DATE	EAR	ZONE	POINT OR POINTS USED	METHOD	RETENTION	CLIENT RESPONSE AND NEXT STEP

Method key Needle · Seed · Press ball · Magnet · Acupressure · Electrical **Ear** L · R · Both

Record the response in the client's own terms, and in a measure you can repeat, such as a pain score or hours slept. That is what tells you by session four whether the protocol is working.

8. AFTERCARE GIVEN TO THE CLIENT

Tick each item you covered, then hand the same points over in writing. Seeds stay on the client's ear between sessions, so the instructions do the work when you are not in the room.

- [ ] How firmly and how often to press a seed: a few seconds, three to five times a day, as tolerated.
- [ ] When to change the seeds: every three to five days, and sooner if the skin reacts.
- [ ] What a problem looks like: redness, swelling, warmth, or soreness that builds instead of settling.
- [ ] To remove the seeds and contact the practice if any of those appear.
- [ ] Not to reuse a seed, and not to share tape or seeds with anyone else.
- [ ] What to do if a seed falls off, and when not to replace it themselves.
- [ ] That light-headedness can follow a session, so sit for a few minutes before leaving.
- [ ] Written instructions handed over, and a copy noted in the client record.

9. REBOOKING AND FOLLOW-UP PLAN

Review interval _____ **Next appointment** _____ mm / dd / yyyy, time

Seeds to be changed or removed by _____ mm / dd / yyyy **By whom** _____

What we are measuring, and how _____

Course planned _____ number of sessions **Point of review** _____ session number or date

Referral made, and to whom _____

☐ Rebooked in the diary ☐ Reminder set ☐ Aftercare sent by email or text ☐ Record updated

Set the seed change date and the next appointment in the same breath. A client who is told to change seeds in four days, and has nothing booked, usually does neither.

10. SESSION NOTES

11. PRACTITIONER DECLARATION

I screened this client against section 6 before treatment, confirmed that auricular acupuncture is within my scope of practice and insurance, explained what the session involves, and recorded consent. The points, method, and response above are a true record of the session.

Practitioner name _____ **Registration no.** _____ **Date** _____ mm / dd / yyyy

Practitioner signature _____ **Client signature** _____

Reviewed and filed by _____ **Date filed** _____ mm / dd / yyyy

Filing. Keep the completed record with the client's clinical notes, for the retention period your regulator sets. Store the screening answers with it. The reason you treated, or chose not to, is the part of the record that gets asked about later.