Patient Intake Form

Portia Santucci B.A. (Hons) Dip.Ac. R.Ac.
Acupuncturist • Traditional Chinese Medicine
1956 Eglinton Avenue West
Toronto, Ontario M6E 2J8
t: 416 785 5884 • c: 647 716 0931
e: portia.santucci@alumni.utoronto.ca

Surname:

Name:

Address:

Address Line 2: Suite:

City: Province: Postal:

Phone: - - Cell: - -

Work Phone: - - ex.

Email:

Date of Birth: (MM/DD/YY) / /

Occupation:

Emergency Contact Surname:

Emergency Contact Name:

Relation: Phone: - -

Chief Complaint:

Significant Illnesses:

- ☐ AIDS
- ☐ Asthma
- ☐ Alcoholism
- ☐ Allergies (Please Specify)
- ☐ Arthritis
- ☐ Cancer
- ☐ Diabetes
- ☐ Haemophilia
- ☐ High Blood Pressure
- ☐ Heart Disease
- ☐ Hepatitis
- ☐ HIV(+)
- ☐ Seizures
- ☐ Trauma (Please Specify)
- ☐ Thyroid Disease
- ☐ Surgeries (Please Specify)
- ☐ Other (Please Specify)

Current Medication(s):

Patient ID:

Symptom Questionnaire

Portia Santucci B.A. (Hons) Dip.Ac. R.Ac.
Acupuncturist • Traditional Chinese Medicine

Surname:

Name:

Date: (MM/DD/YY) / /

Women

Started menstruation at age_____

Cycle is____to____days • Menstrual flow lasts____to____days • Menopause started at age_____

- ❑ Yeast or other genital infections
- ❑ Clear watery vaginal discharge
- ❑ Thick or yellow vaginal discharge
- ❑ Irregular menses
- ❑ Currently taking birth control pills
- ❑ Heavy menstrual bleeding
- ❑ Dark menstrual blood with clots
- ❑ Bright red menstrual blood
- ❑ Pale color menstrual blood
- ❑ Spotting or dribbling for many days
- ❑ Menstrual pain before or after period
- ❑ Menstrual pain during period
- ❑ Menstrual lower back pain
- ❑ Short/early cycle
- ❑ Long/delayed cycle
- ❑ PMS symptoms
- ❑ Frequent painful or swollen breasts
- ❑ Cysts, lumps or tumors

Men

- ❑ Prostate trouble
- ❑ Dribbling urination
- ❑ Weak or slow urine stream
- ❑ Testicular swelling or pain
- ❑ Impotence
- ❑ Urethral trouble or discharge

Dietary & Lifestyle Habits

Coffee cups per day____to____ • Cigarettes per day____to____

Beer/Wine per week____to____ • Liquor per week____to____

- ❑ Eat lots of salads, fruit & vegetables
- ❑ Eat a vegetarian diet
- ❑ Drink mostly cold drinks
- ❑ Prefer cold or iced drinks
- ❑ Prefer room temperature drinks
- ❑ Prefer hot drinks
- ❑ Eat lots of spicy foods
- ❑ Eat lots of sugary foods or sweets
- ❑ Eat lots of fatty foods
- ❑ Eat lots of fried foods
- ❑ Get plenty of exercise
- ❑ Don't exercise
- ❑ Under significant emotional stress
- ❑ Under significant physical stress

Pain Symptoms

- ❑ Relieved by heat
- ❑ Relieved by cold
- ❑ Intense, sharp, stabbing
- ❑ Dull and achy, continuous
- ❑ Moves around, comes and goes
- ❑ Fixed location
- ❑ Burning sensation
- ❑ Better with rest
- ❑ Better with movement or stretching
- ❑ Worse in morning, better by mid-day
- ❑ Worse with wet or cold weather
- ❑ Painful area is swollen
- ❑ Painful area is red
- ❑ Worse at night
- ❑ Affected by emotions, stress
- ❑ Worse with pressure or massage
- ❑ Better with pressure or massage
- ❑ Worse with activity
- ❑ Better with activity
- ❑ Feeling of numbness or tingling
- ❑ Cramping

Past Conditions

- ❑ Alcohol or drug abuse
- ❑ Arthritis or joint pains
- ❑ Bleeding problems
- ❑ Blood in stools
- ❑ Swollen glands
- ❑ Black Stools
- ❑ Cancer
- ❑ Diabetes
- ❑ Digestive problems
- ❑ Epilepsy
- ❑ Glaucoma or eye problems
- ❑ Heart problems
- ❑ Kidney problems
- ❑ Liver problems
- ❑ Lung problems
- ❑ Spleen Problems
- ❑ Immune Disorders
- ❑ High Blood Pressure
- ❑ Mental Disorders
- ❑ Stroke or TIA
- ❑ Thyroid problems
- ❑ Tuberculosis
- ❑ Sexually Transmitted Disease
- ❑ Ulcers
- ❑ Lumps or swellings anywhere

Patient ID:

Earth/Spleen/Stomach

Appetite is ☐ Good ☐ Poor

Bowel movements____to____times daily • Stools are ☐ Loose ☐ Soft ☐ Well Formed ☐ Hard

- ☐ Indigestion
- ☐ Gas/Bloating
- ☐ Heartburn/Reflux
- ☐ Stomach Distension or Pain
- ☐ Nausea
- ☐ Blood in Stool
- ☐ Constipation
- ☐ Frequent over-thinking, worrying
- ☐ Weakness of arms and legs
- ☐ Chronic hemorrhoids
- ☐ Sleepy/Tired after a large meal
- ☐ Difficulty losing or gaining weight
- ☐ Phlegm/mucous in nose or earwax
- ☐ Lots of thin, clear mucous
- ☐ Yellow or green phlegm
- ☐ Frequent stomach gurgling
- ☐ Undigested food in stool
- ☐ Sweet taste in mouth
- ☐ Cravings for sweets
- ☐ Mouth sores or bleeding gums
- ☐ Toothaches
- ☐ Headaches at forehead
- ☐ Dry heaves or hiccoughs

Wood/Liver/Gall Bladder

- ☐ Irritability, frequent moodiness
- ☐ Depression, mental restlessness
- ☐ Tight feeling in chest or sides
- ☐ Frequent sighing or breathlessness
- ☐ Burping, belching, hiccoughs
- ☐ Stools hard like little pebbles
- ☐ Stools long and thin
- ☐ Eye redness or pain
- ☐ Headaches in temples, top of head
- ☐ Sudden dizziness or vertigo
- ☐ High pitched ringing in ears
- ☐ Blurred vision, eye floaters
- ☐ Poor night vision
- ☐ Dizziness when getting up
- ☐ Dizziness after physical exertion
- ☐ Brittle nails or dry skin
- ☐ Twitching muscles or eyelids
- ☐ Numbness of limbs
- ☐ Tremors, convulsions
- ☐ Sudden hearing loss, ear pain
- ☐ General itching, swelling or pain
- ☐ Easily startled
- ☐ Dream disturbed sleep
- ☐ Bitter taste in mouth
- ☐ Lump in throat, difficulty swallowing
- ☐ "Liver" spots, varicosities

Metal/Lung/Large Intestine

Phlegm is ☐ Clear ☐ Yellow • Phlegm is ☐ Thick ☐ Watery

- ☐ Respiratory problems
- ☐ Fever, cold & flu, sore throat
- ☐ Cough
- ☐ Sinus congestion, allergies
- ☐ Spontaneous sweating
- ☐ Chronic asthma
- ☐ Fatigue and dislike of talking
- ☐ Facial edema or swelling
- ☐ Frequent colds
- ☐ Asthma, harder to exhale than inhale

Fire/Heart/Small Intestine

- ☐ Palpitations (can feel heartbeat in chest)
- ☐ Insomnia, difficulty falling asleep
- ☐ Insomnia, difficulty staying asleep
- ☐ Sweating or palpitations with excitement
- ☐ Dry mouth and throat
- ☐ Tongue sores
- ☐ Chest pain or stiff sensation in chest
- ☐ Circulation problems
- ☐ Rash that is red, burning or itching
- ☐ Burning urination

Water/Kidney/Bladder

Urine is ☐ Clear ☐ Cloudy or turbid • Urine is ☐ Pale ☐ Yellow ☐ Dark Yellow ☐ Other_____

- ☐ Hearing loss
- ☐ Ear ringing, low hum or pitch
- ☐ Lower back pain
- ☐ Knee pain
- ☐ Cold feet
- ☐ Easily feel cold/catch chill
- ☐ Darkness under the eyes
- ☐ Hair thinning or loss, early grey hair
- ☐ Frequent urination
- ☐ Frequent incontinence or dribbling
- ☐ Frequent night urination
- ☐ Asthma, harder to inhale than exhale
- ☐ Difficulty breathing when lying down
- ☐ Loose teeth
- ☐ Bone problems
- ☐ Chronic or morning diarrhea
- ☐ Prolonged physical or emotional stress
- ☐ History of blood loss
- ☐ Night sweats or hot ashes
- ☐ Flushed face
- ☐ Increased or reduced sex drive
- ☐ Low grade fever
- ☐ Frequent terror, fear or fright
- ☐ Poor memory