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ACUPUNCTURE INITIAL INTAKE FORMS

DATE: _____

FIRST NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

Zip _____

EMAIL ADDRESS: _____

PHONE: _____

HOW DID YOU HEAR ABOUT US? _____

MAIN COMPLAINT, AND DURATION OF SYMPTOM/ILLNESS

1. _____

2. _____

3. _____

WHAT MAKES IT BETTER? _____

WHAT MAKES IT WORSE? _____

WESTERN DIAGNOSIS: _____

WESTERN MEDICATIONS, PLEASE LIST: _____



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PAST SURGERIES: _____

PHYSICAL PAIN, LOCATION: _____

SHARP DULL MOVEABLE RADIATING TIGHTNESS
PRICKLING FIXED/STATIC SORENESS WEAKNESS
BETTER WITH MOVEMENT WORSE WITH MOVEMENT
BETTER IN THE MORNING WORSE AT NIGHT
WORSE IN THE MORNING GETTING OUT OF BED

MUSCLE CRAMPS, LOCATION, FREQUENCY: _____

TREMORS, LOCATION, FREQUENCY: _____

SKIN DISORDERS PLEASE CIRCLE:

NUMBNESS PEELING REDNESS BOILS
ITCHING SCALING/FLAKING PUS PAINFUL BOILS
HIVES STUBBORN SORES BURNING/PRICKLING OOZING/MOIST
DRYNESS



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ABNORMAL SWEATING PLEASE CIRCLE:

SWEATING AFTER EATING SPONTANEOUS SWEATING LACK OF SWEATING

EXCESSIVE SWEATING NIGHT SWEATING

SWEATING LOCATION: _____

AVERSION/DISLIKE OF WEATHER CONDITIONS/TEMPERATURE:

AVERSION TO WIND AVERSION TO COLD AVERSION TO HEAT

AVERSION TO DAMPNES DISLIKES AIRCON OR DRAFTS DISLIKES COLD INSIDE/OUTSIDE

DISLIKES RAINY/HUMID DISLIKES SUMMER/HOT WEATHER

**SUBJECTIVE FEELING OF THE TEMPERATURE OF YOUR BODY:
WHOLE BODY FEELS:**

FREEZING
COLD
NORMAL
WARM
HOT

UPPER LIMBS, HANDS AND OR ARMS:

FREEZING
COLD
NORMAL
WARM
HOT

LOWER LIMBS, LEGS AND/OR FEET:

FREEZING
COLD
NORMAL
WARM
HOT



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CHEST:

TIGHTNESS WHEEZING CHEST PAIN IN THE CENTER AT STERNUM
STABBING CHEST PAIN AT THE SIDES OF CHEST/BREASTS BREAST PAIN/TENDERNESS
PHLEGM IN THE THROAT SCANT PHLEGM THAT IS DIFFICULT TO EXPECTORATE
PROFUSE PHLEGM YELLOW/GREEN PHLEGM

PALPITATIONS:

DAY
NIGHT
RAPID
FLUTTER
POUNDING
MISSED BEATS

DRYNESS:

MOUTH, WORSE AT NIGHT/ DAY
THROAT
EYES
NOSE
EARS

ENTE (EARS, NOSE, THROAT, EYES):

TINNITUS: HIGH PITCH, LOW PITCH, ONLY AT NIGHT

DEAFNESS POOR HEARING EAR PAIN
BLOCKED EARS BLOCKED SINUSES RUNNY NOSE
SNEEZING BLOODY NOSE SORE THROAT
SWOLLEN GLANDS LOSS OF VOICE MOUTH ULCERS
PAINFUL/SWOLLEN GUMS BLEEDING GUMS TONGUE PAIN



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HEADACHES/MIGRAINES:

FRONTAL TEMPORAL (SIDES) OCCIPITAL (BACK) SHARP
DULL POUNDING STABBING WITH PHOTOPHOBIA
WITH NAUSEA BEFORE MENSES DURING MENSES AFTER MENSES

TASTE IN THE MOUTH:

BITTER METALLIC DIRTY SALTY UNLCEAN
STICKY ABNORMAL SWEET NEUTRAL

THIRST:

DRINKS MORE THAN 8 CUPS LIQUID PER DAY
DRINKS 4-6 CUPS LIQUID PER DAY
DRINKS LESS THAN 4 CUPS PER DAY NOT THIRSTY
THIRST FOR WARM/HOT DRINKS THIRST FOR COLD THIRSTY BUT DOESN'T DRINK
THIRST AT NIGHTDRINKING CAUSES BLOATING DRINKING CAUSES NAUSEA

ALCOHOL INTAKE:

ONE DRINK PER DAY
LESS THAN ONE DRINK PER DAY
MORE THAN ONE DRINK PER DAY

SMOKING:

CIGARETS, HOW MANY PER DAY? _____
CANNABIS HOW MUCH PER DAY, SMOKING, EDIBLES? _____

CAFFEINE:

COFFEE GREEN TEA BLACK TEA ENERGY DRINKS
HOW MANY CUPS PER DAY? _____



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PLEASE GIVE AN EXAMPE OF:

BREAKFAST _____

LUNCH _____

DINNER _____

APPETITE/DIGESTION:

WAKES IN THE MORNING WITH HUNGER

LACK OF APPETITE IN THE MORNING, STARTS FEELING HUNGRY LATER

LACK OF APPETITE ALL DAY BIG APPETITE ALL DAY NAUSEA ALL DAY

NAUSEA IN MORNING NAUSEA AFTER EATING

NAUSEA ON AN EMPTY STOMACH, BETTER AFTER EATING

BLOATING AFTER EATING BLOATING ALL THE TIME BLOATING AT NIGHT

GAS AFTER EATING GAS AT NIGHT ACID REFLUX AFTER EATING

ACID REFLUX BEFORE EATING

ABDOMICAL PAIN:

PAIN AFTER EATING UPPER, LOWER PAIN ON AN EMPTY STOMACH, UPPER LOWER

DISCOMFORT IN THE EPIGASTRIUM (UPPER ABDOMEN) AFTER EATING/ON EMPTY

STOMACH CRAMPS UPPER ABDOMEN STOMACH CRAMPS LOWER ABDOMEN

STOMACH CRAMPS WHOLE ABDOMEN TENSED PAIN STABBING PAIN

SHARP PAIN DULL PAIN RIBSIDE PAIN

BURING SENSATION STOMACH, ESPOHAGUS



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URINATION:

LESS THAN 4 TIMES PER DAY	4-6 TIMES PER DAY			OVER 6 TIMES PER DAY	
NIGHTTIME:	0-1 TIME	2-4 TIMES	4+++		
PAINFUL	URGENT	PROFUSE	SCANT	DARK YELLOW	CLEAR
BURNING	PINK/RED FROM BLOOD		INTERRUPTED	SMOOTH	HESITANT
INCOMPLETE	LEAKAGE/DRIBBLING				

STOOLS:

HOW MANY TIMES A DAY? _____ SKIPS HOW MANY DAY?: _____

FORMED	LOOSE	DIARRHEA	LIQUID
UNDIGESTED FOOD PIECES		STICKY	SMELLY
URGENT	DRY	PEBBLES	INCOMPLETE
PAINFUL	CRAMPING BEFORE		

VERTIGO/DIZZINESS:

UPON STANDING	LYING DOWN	SITTING	
DAY	NIGHT	NEEDS TO SIT	WORSE WITH MOVEMENT
BETTER WITH MOVEMENT	HOW OFTEN? _____		



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SLEEP:

GOOD SUPERFICIAL DEEP POOR LESS THAN 2 HOURS
2-4 HOURS MORE THAN 6 HOURS DIFFICULT TO FALL ASLEEP
WAKES TOO EARLY (2-4AM)
FREQUENTLY WAKES AND CAN'T FALL BACK ASLEEP WAKES
INTERRUPTED DUE TO PAIN, THOUGHTS, URINATION, CHILDREN, PETS
VIVID DREAMS NIGHTMARES WAKES UP TIRED

EMOTIONS:

HAPPY CONTENT ANXIOUS OVERWHELMED
IRRITABLE RAGES EASILY CRIES EASILY SADNESS
GRIEVING PTSD DEPRESSED DISCONNECTED
NUMB OTHER EMOTIONS, PLEASE EXPLAIN: _____

WOMEN'S DISORDERS:

PROFUSE LEUKORRHEA (DISCHARGE) STRONG SMELL SCANT DISCHARGE
VAGINAL DRYNESS VAGINAL ITCHING VAGINAL FISSURES
VAGINAL PAIN VAGINAL SORES/HERPES FIBROIDS
OVARIAN CYSTS PELVIC PAIN BREAST PAIN
BREAST LUMPS LOW LIBIDO EXCESSIVE LIBIDO

PRE-MENSTRUAL SYMPTOMS:

CRAMPS IN LOW ABDOMEN CRAMPS IN LOW BACK
CRAMPS RADIATING DOWN THE THIGHS BLOATING BREAST TENDERNESS, SWELLING, PAIN
ACNE CRYING RAGE FATIGUE
SELF DOUBT NIGHT SWEATS LOW APPETITE/NAUSEA INCREASED APPETITE

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MENSTRUATION:

REGULAR: 28 DAYS

IRREGULAR: DELAYED, EARLY, MIDCYCLE BLEEDING/SPOTTING

BLEEDS LESS THAN 3 DAYS

3-5 DAYS;

OVER 5 DAYS HEAVY FLOW

SPOTTING

FLOW STOPS AND STARTS

SEVERE CRAMPS BEFORE DURING MENSE

BLACK BLOOD

SCANT FLOW

STRINGY

CRAMPING BEFORE, DURING AFTER

DARK BLOOD

CLOTS

BRIGHT RED BLOOD

Please remember to eat and wear loose fitting clothing.

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