



GOLDEN PHOENIX
ACUPUNCTURE
& WELLNESS

6161 Dr MLK Jr St N, Suite 100, St. Petersburg, FL 33703

Basic Intake Form

Full Name: _____

Age: _____ Date of Birth: _____

Address: _____

Occupation: _____

City/State/Zip: _____

Have you had acupuncture in the past? YES NO

Phone #: _____

Are you needle-sensitive? YES NO

Email Address: _____

How did you hear about us? _____

Gender: Male Female

Emergency Contact Name & Phone: _____

Marital Status: M S W D

What is your *primary* concern today? _____

When did it start? _____ Getting worse? Yes No

How did it start? _____

What makes it better? Heat Cold Pressure Movement Rest Other _____

What makes it worse? Heat Cold Pressure Movement Rest Other _____

When does it bother you?: Sleep Work Other _____

What is your *secondary* concern today? _____

When did it start? _____ Getting worse? Yes No

How did it start? _____

What makes it better? Heat Cold Pressure Movement Rest Other _____

What makes it worse? Heat Cold Pressure Movement Rest Other _____

When does it bother you?: Sleep Work Other _____

Are you experiencing pain right now? Yes No

Describe your pain: Dull Sharp Stabbing Shooting Burning Other

Do you have trouble sleeping? Falling Asleep Staying Asleep Both

How is your energy level overall on a scale of 1 to 10? (1= no energy, 10= fantastic) _____

How is your stress level on a scale of 1 to 10? (1= stress-free, 10= high stress) _____

Do you experience headaches? Yes No

Do you have digestive issues? Yes No

Women Only: is it possible that you are pregnant? Yes No

GENERAL SYMPTOMS (FIVE ELEMENTS)

Liver/Gallbladder:

- Depression/Stress
- Headaches/Migraines
- Red/Dry/Itchy Eyes
- Visual Problems
- Blurred Vision
- Dizziness
- Gallstones
- Feeling of Lump in Throat
- Clenching Teeth at Night
- Muscle Cramps/Twitching
- Seizures/Tremors
- Poor Circulation
- Soft/Brittle Nails
- Bitter Taste in Mouth
- PMS/Menstrual Problems
- Tendonitis
- Pain Below Rib Cage
- Do you crave: Sour
- Tend to be Irritable/Angry

Spleen/Stomach:

- Body Heaviness
- Hard to get up in Morning
- Muscles Often Feel Tired
- Edema (Hands Feet)
- Easily Bruising/Bleeding
- Bad Breath
- Sweetish Taste in Mouth
- Lack of Taste
- Excess or Low Appetite
(circle which)
- Excess or Lack of Thirst
(circle which)
- Nausea/Vomiting
- Gas/Belching
- Hemorrhoids

- Organ Prolapse
- Chronic Loose Stools
- Abdominal Pain
- Indigestion/Heartburn
- Brain Foggy
- Mouth Ulcers
- Tendency to Gain Weight
- Do you crave: Sweet
- Over-thinking/Worry

Lung/Large Intestine:

- Bloody Cough
- Dry Cough
- Chronic Cough
- Cough with Sputum
- Post Nasal Drip
- Sinus Infection/Congestion
- Itchy, Red, or Painful

Throat

- Dry Mouth/Nose/Throat
- Skin Rashes/Hives
- Snoring
- Shortness of Breath
- Allergies
- Asthma
- Catch Colds Easily
- Bronchitis
- Black or Bloody Stools
- Constipation
- IBS
- Diarrhea
- Colitis/Spastic Colon
- Do you crave:
Pungent/Spicy
- Grief/Sadness

Kidney/Urinary Bladder:

- Urinary Problems
- Bladder Infection
- Incontinence
- Low Back Weakness/Pain
- Osteoporosis
- Feel Cold or Hot Easily
(circle which)
- Cold Hands/Feet
- Low or Excess Sex Drive
(circle which)
- Dark Circles under Eyes
- Thyroid Problems
- Poor Memory
- Hair Loss
- Premature Gray Hair
- Hearing Problems/Tinnitus
- Cavities
- Hot Flashes/Night Sweats
- Impotence
- Premature Ejaculation
- Do you crave: Salt
- Fear

Heart/Small Intestine:

- Heart Palpitations
- Rapid or Irregular
Heartbeat
- Chest Pain
- Insomnia/Sleep Problems
- Vivid Dreams/Nightmares
- Easily Startled
- Dark Urine
- Red Complexion
- Do you crave: Bitter
- Anxiety/Nervous, Restless