

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

Current Medication(s):

Patient ID: