

Allergy Elimination

ADVANCED HEALTH & PAIN CENTER

Patient's Name _____ Date _____

Patient's SS# _____

Birth Date ___/___/___ Age ___ Male() Female() Married() Single()

Phone # Home _____ Cell _____ Work _____

Preferred method of contact for appointment reminders () Text () Phone Call

EMAIL _____ None()

Address _____

City _____ State _____ Zip _____

Occupation (parents info if a minor) _____

Employed by _____

Spouse (or parent's name) _____

Birthdate ___/___/___ Employed by _____

Have you had allergy elimination before? Where/When? _____

Whom may we thank for the referral? _____

Person responsible for the account _____

I UNDERSTAND THAT I AM RESPONSIBLE FOR PAYMENT OF SERVICES RENDERED. I AGREE TO PAY COLLECTION COSTS AND/OR REASONABLE ATTORNEY'S FEES IF ANY DELIQUENT BALANCE IS PLACED WITH AN AGENCY OR ATTORNEY FOR COLLECTION OR SUIT.

Signature _____ Date _____

A photocopy of this agreement is as valid as the original

Allergy Symptom Survey

NAME: _____

DATE: _____

1 (none) 2 (mild symptoms) 3 (moderate symptoms) 4 (severe symptoms)

- | | | | | | |
|----|-----|-------------------------|----|-----|------------------------|
| 1 | () | Absent mindedness | 45 | () | Dyslexia |
| 2 | () | Acid food upset | 46 | () | Ear aches |
| 3 | () | Acne | 47 | () | Ear infections |
| 4 | () | Addiction-smoke | 48 | () | Eating disorder |
| 5 | () | Addiction-sugar | 49 | () | Eczema |
| 6 | () | Addiction-alcohol | 50 | () | Edema |
| 7 | () | Addiction-drugs | 51 | () | Excess thirst |
| 8 | () | Allergy to drugs | 52 | () | Extremities cold |
| 9 | () | Anemia | 53 | () | Eyelids puffy |
| 10 | () | Arthritis | 54 | () | Eyes watery |
| 11 | () | Asthma-bronchial | 55 | () | Eyes itch |
| 12 | () | Asthma-cardiac | 56 | () | Fainting spells |
| 13 | () | Athletes Foot | 57 | () | Falling hair |
| 14 | () | Bad breath | 58 | () | Fatigue |
| 15 | () | Blurred vision | 59 | () | Feels cold often |
| 16 | () | Bowel disorders | 60 | () | Feels insecure |
| 17 | () | Brain fog | 61 | () | Fever |
| 18 | () | Bronchitis | 62 | () | Forgetfulness |
| 19 | () | Bruise easily | 63 | () | Frequent rashes |
| 20 | () | Burning/itching anus | 64 | () | Fungus |
| 21 | () | Burning feet | 65 | () | Gallstones |
| 22 | () | Coated tongue | 66 | () | Gastric distress |
| 23 | () | Cold sweats often | 67 | () | General itching |
| 24 | () | Cold/flu frequent | 68 | () | Greasy food upset |
| 25 | () | Colitis | 69 | () | Hair loss |
| 26 | () | Colon-gas | 70 | () | Hay fever |
| 27 | () | Compulsive behavior | 71 | () | Headache/sinus |
| 28 | () | Constipation | 72 | () | Headache/morning |
| 29 | () | Cough | 73 | () | Headache/afternoon |
| 30 | () | Crave spices | 74 | () | Headache/migraine |
| 31 | () | Crave salts | 75 | () | Hearing decreased |
| 32 | () | Crave sweets | 76 | () | Heartburn |
| 33 | () | Crave sour | 77 | () | Heart irregularities |
| 34 | () | Cuts heal slowly | 78 | () | Hemorrhoids |
| 35 | () | Dandruff | 79 | () | Herpes |
| 36 | () | Decreased sex drive | 80 | () | High altitude problems |
| 37 | () | Depression | 81 | () | High blood pressure |
| 38 | () | Diabetes | 82 | () | Hip pains |
| 39 | () | Diarrhea | 83 | () | Hives |
| 40 | () | Difficult in swallowing | 84 | () | Humidity discomfort |
| 41 | () | Digestion rapid | 85 | () | Hungry between meals |
| 42 | () | Diverticulitis | 86 | () | Hyperactivity |
| 43 | () | Dry eyes | 87 | () | Hysterectomy |
| 44 | () | Dry mouth | 88 | () | Increased sex drive |

89	[]	Indigestion	131	[]	Psoriasis
90	[]	Insomnia	132	[]	Red eyes
91	[]	Internal trembling	133	[]	Restless leg syndrome
92	[]	Irritable bowels	134	[]	Ringing in the ears
93	[]	Irritable & restless	135	[]	Seizures
94	[]	Keyed-up/fails to calm	136	[]	Sensitive to cold
95	[]	Labored breathing	137	[]	Sensitive to heat
96	[]	Loss of taste	138	[]	Shortness of breath
97	[]	Low blood pressure	139	[]	Shoulder pain
98	[]	Low back ache	140	[]	Sinusitis
99	[]	Memory loss-short term	141	[]	Sleepy during the day
100	[]	Memory loss-long term	142	[]	Slow pulse <65
101	[]	Menses cycle minimal	143	[]	Slow starter
102	[]	Menses cycle excess	144	[]	Smell decreased
103	[]	Menses cycle irregular	145	[]	Sneezing attacks
104	[]	Menses cycle painful	146	[]	Sore throat
105	[]	Mental confusion	147	[]	Sore canker
106	[]	Metallic taste	148	[]	Strong light irritates
107	[]	Mid back pain	149	[]	Swollen ankles, feet
108	[]	Milk causes discomfort	150	[]	Thickening skin
109	[]	Mood swings	151	[]	Thinning skin
110	[]	Mucous production	152	[]	Throat constriction
111	[]	Muscle cramps at night	153	[]	Tightness in the chest
112	[]	Muscle spasms	154	[]	Tingling sensation
113	[]	Neck pain	155	[]	Tires too easily
114	[]	Nervous stomach	156	[]	Tourette's syndrome
115	[]	Night sweats	157	[]	Upper back ache
116	[]	Nose bleeds	158	[]	Urinary tract disorders
117	[]	Numbness	159	[]	Urination difficult
118	[]	Obsessive behavior	160	[]	Urine amount increased
119	[]	Ovarian cysts	161	[]	Urine amount decreased
120	[]	Pain between shoulders	162	[]	Uterine polyps
121	[]	Pain on heels	163	[]	Vaginal discharge
122	[]	Pain unexplained	164	[]	Varicose veins
123	[]	Perspiration excess	165	[]	Vomiting frequent
124	[]	Phobias	166	[]	Warts
125	[]	Poor memory	167	[]	Weak nails
126	[]	Post nasal drip	168	[]	Weight gain
127	[]	PMS syndrome	169	[]	Weight loss
128	[]	Premature graying	170	[]	White spots
129	[]	Prone to infection	171	[]	Worrier
130	[]	Prostate problems	172	[]	Yeast infections

- 173 [] Any childhood traumas, physical or emotional? _____
- 174 [] Vaccination reactions? _____
- 175 [] Severe childhood diseases? _____
- 176 [] Any known allergies? _____
- 177 [] Any known allergies in parents? _____