

Note: The information provided on this form is confidential. Today's Date ___ / ___ / ___

Are you interested in receiving our monthly newsletter? yes no

Name: _____ **Age:** _____ **Sex:** Male Female

Address: _____ **Occupation:** _____

Street _____

City _____ State _____ Zip _____

Date of birth ___ / ___ / ___

Contact: Tel: day _____ evening: _____ e-mail _____

emergency contact: name _____ tel. _____

Primary care physician: _____ Tel: _____

What would you like treated by Advanced Allergy Therapeutics?

How long have you had this condition? _____

Was onset sudden gradual

Have you been treated for this condition? Was onset sudden yes no

What was the medical diagnosis for your condition? _____

What other treatments have you received for this and/or other conditions? _____

Please list tested or suspected allergies and related symptoms:

Foods _____

Seasonal _____

Contactants _____

Drugs/other _____

Are you taking any medication? Please note all medication, herbs, vitamins and minerals you take even if you take them only occasionally.

Medication	Condition	Dose

Do you have any current medical condition(s) (e.g. Epilepsy, Pregnant, etc.)? _____

What things make your symptoms worse _____

Please check all that apply:

Digestive System

- Recent change in appetite
- Acid Reflux
- Diarrhea/loose stool
- Constipation
- Ulcers
- Nausea
- Gall Stones
- Gas
- Undigested food in stool

Immune System

- Cancer
- Chronic Fatigue Syndrome
- Fibromyalgia
- Diabetes
- Edema
- Lupus

Integumentary System (Skin)

- Dermatitis
- Eczema
- Fungal Infections
- Rash
- Dry Skin
- Itchy Skin
- Acne
- Psoriasis
- Hives

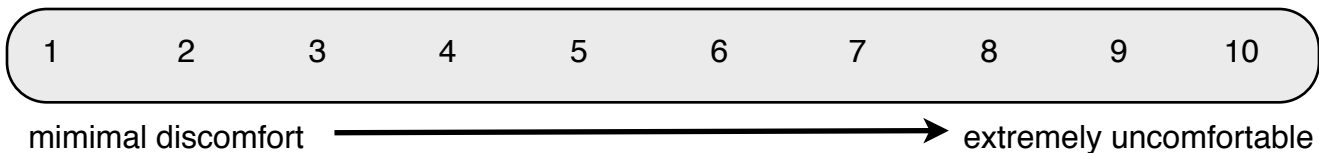
Emotions

- Joy
- Grief
- Depression
- Anger
- Anxiety
- Other

Respiratory System/ Ear, Nose, Throat

- Frequent Colds
- Chronic runny nose
- Chronic cough
- Difficulty inhaling
- Difficulty exhaling
- Shortness of breath
- Asthma
- Frequent sore throat
- Mucous
- Migraines
- Frequent headaches
- Difficulty exhaling
- Red painful eyes
- Poor vision
- See spots (floaters)
- Dry mouth

Please indicate on the following scale the level of discomfort you are experiencing from your condition(s):



In order to receive the best possible treatment, it is important to read and understand the following information:

- Successful elimination of the symptoms of allergies/sensitivities may require clearing preliminary allergens determined in the initial assessment, such as vitamins and/or minerals. If components of allergens are not cleared, the treatment will not be successful. Because of this important factor, the initial allergens are treated in a specific order. For example, sugar needs to be treated before an allergy to alcohol, grains or fruit.
- After any possible preliminary allergies/sensitivities are cleared, you may eliminate the symptoms of any allergy/sensitivity in any order, including remaining food items, inhalants, environmental allergies, contactants, etc.
- It is possible to treat numerous items in one treatment if they are in the same family. For example, all dairy products (milk, cheese and yogurt) and calcium may be treated together. But dairy and wheat, or tomatoes and pollens may not be cleared at the same time. The treatment will not be successful.
- The average allergy/sensitivity typically requires only one treatment, however a case may involve more than one treatment for an allergy/sensitivity to clear. We cannot guarantee that each allergy/sensitivity will only take only one treatment.
- When treating a condition (rather than an isolated allergy), multiple items may be contributing. Therefore such conditions may require multiple treatments.

Please adhere to the following guidelines:

- Do not smoke or wear strong perfume 2 hours prior to a treatment. These odors can affect the testing and treatment of yourself and other subsequent patients in the clinic.
- Do not eat candy or chew gum during the treatment.

Office Policies

- 24-hour cancellation of appointment is required. A late cancellation or no show fee will be charged.
- Please arrive 10 minutes prior to your appointment time. Late arrivals may result in a late cancellation.
- Payment is due at the time services are rendered.

Initial Test Evaluation for: _____

Component	Component	Component	Component
Food Phenolics	Sugar	Glutamates	Pollens
Eggs	Salt	Amines	Trees
Chicken	Grain / Wheat	Salicylates	Grasses / Weeds
Protein	Corn	Artificial	Flowers
Calcium	Yeast	Artificial Colors	Plants
Protein	Caffeine	Artificial Flavors	Plant Phenolics
Calcium	Coffee	Tomato	Molds
Milk/Dairy	Chocolate	Potato	Fungus
Vitamin C	Soy	Acids	Dust
B-complex		Enzymes	Dust Mites
Vitamin A			Dogs
Iron			Cats
Minerals			