

**CIRCLE ALL OF YOUR SYMPTOMS THAT OCCUR REGULARLY. IF YOU HAVE NO PROBLEMS IN THAT SYSTEM CIRCLE NONE.**

- 1) EYE: A) ITCHING B) IRRITATION C) REDNESS D) SWOLLEN EYE LIDS  
E) WATERY DISCHARGE F) DRYNESS G) FREQUENT INFECTIONS  
H) NONE
- 2) EAR: A) POPPING B) RINGING C) DISCHARGE (CIRCLE TYPE: BLOOD PUS  
COLORED WHAT COLOR? \_\_\_\_\_  
D) NONE
- 3) NOSE: A) STUFFY B) ITCHING C) SNEEZING D) POLYPS E) FREQUENT URIS  
F) ONE SIDED DISCHARGE G) ANY DISCHARGE CIRCLE TYPE: CLEAR  
BLOODY PUS (WHAT COLOR?) \_\_\_\_\_  
G) NONE
- 4) MOUTH A) ITCHING THROAT B) SORE THROAT C) POST NASAL DRIP  
THROAT D) SWOLLEN LIP OR TONGUE  
OR LIPS E) NONE
- 5) SINUSES DO YOU HAVE PAIN IN ANY OF THE FOLLOWING AREAS? PLEASE CIRCLE  
A) OVER FOREHEAD B) BEHIND EYES C) BRIDGE OF NOSE D) IN BACK  
OF HEAD E) ON TOP OF HEAD F) AREA OF TEMPLES  
G) NONE
- 6) CHEST A) WHEEZING B) COUGH C) SHORTNESS OF BREATH D) PAIN IN  
CHEST E) TIGHTNESS IN CHEST DO YOU BRING UP MORE THAN A  
TABLESPOON OF MUCUS A DAY? Y N IF SO IS IT? THICK THIN  
IS IT? BLOOD STREAKED BLOOD IS IT COLORED WHAT COLOR? \_\_\_\_\_  
F) NONE
- 7) SKIN: A) ITCHING B) ECZEMA C) HIVES D) BLISTERS E) RASH PLEASE  
DESCRIBE: \_\_\_\_\_  
NONE
- 8) GI A) NAUSEA B) DIARRHEA C) BLOATING D) CRAMPS E) COLIC
- 9) OTHER DO YOU HAVE ANY OTHER ALLERGIC SYMPTOMS? IF SO LIST BELOW:  
\_\_\_\_\_  
\_\_\_\_\_

**IF YOU ARE A WOMAN PLEASE CIRCLE THE CORRECT ANSWER FOR THE FOLLOWING:**

ARE YOU PREGNANT? Y N IF SO WHAT MONTH? \_\_\_\_\_

ARE YOU NURSING? Y N ARE YOU IN MENOPAUSE? Y N WHEN DID IT START 19.....

IF YOU ARE CONTEMPLATING PREGNANCY , PLEASE DISCUSS THIS WITH ME AS PREGNANCY AND NURSING HAVE A MAJOR IMPACT ON MY USE OF MEDICATION.