BioEnergetic Health™, LLC
3845 1st St Dr NW, Hickory, NC 28601
828-855-2994

ALLERGY QUESTIONNAIRE

Patient Name: _____ Date of first visit: _____

Date of birth: _____ Age: _____ Gender: M / F

Mother's name if minor: _____Father's name if minor: _____

Marital Status: O Married O Single O Divorced O Separated O Other

Street Address, City, ST, Zip: _____

Phone: (h) _____ (w) _____ (c)_____

E-mail: _____

Occupation: _____ Employer: _____

Emergency contact: _____Relation: _____ Phone: _____

Primary Care Physician (Name/Phone): _____

Referred by: _____ How did you hear about us? _____

Although your history and symptoms are very important to our analysis of your condition, it is also important for you to understand:

- *An allergy is NOT a disease. It is nothing more than your body reacting inappropriately to what should be a harmless substance, consequently activating the body's natural defense mechanism in the form of symptoms.*
- *A symptom is an attempt by your body to tell you that something is wrong.*
- *We will be treating the cause of your allergy.*
- *We do not use medications in this program.*
- *Our procedures are safe, painless and effective for people of all ages.*

Have you ever been tested for allergies or sensitivities? Yes / No
If yes, what type of test(s) and when? _____
What do you suspect is causing your allergic symptoms? _____
_____

Age when symptoms started:

O Infant (Age 0-3) O Adolescent (Age 13-18) O Adult (Age 26-40)
O Child (Age 4-12) O Adult (Age 19-25 O Adult (Age 41+)

These problems are: O Rapidly improving O Slowly improving O Gradually worsening
O Fluctuates but getting better O Remains the same O Rapidly worsening

Symptoms are worse in the: O Morning O Afternoon O Evening

PLEASE CHECK WHICH ALLERGIC SYMPTOMS APPLY:

SYMPTOMS ARE WORSE:
- ○ Outdoors, and better indoors
- ○ At bedtime
- ○ In the bedroom or when in bed
- ○ During windy weather
- ○ During wet or damp weather
- ○ When the weather changes
- ○ During known pollen seasons
- ○ In certain rooms or buildings
- ○ When exposed to tobacco smoke
- ○ Yard work, cut grass, leaves, or hay
- ○ Sweeping or dusting
- ○ In air-conditioned rooms
- ○ Don't know

SYMPTOMS ARE BETTER:
- ○ After a shower or bath
- ○ In air-conditioned room
- ○ Indoors
- ○ During or after physical activity
- ○ After taking medication
- ○ With allergy shot
- ○ Don't know

NASAL SYMPTOMS:
- ○ Itching
- ○ Sneezing
- ○ Runny nose – clear discharge
- ○ Runny nose – cloudy discharge
- ○ Worse during pollen season
- ○ Worse with animal exposure
- ○ Post nasal drip
- ○ None

EAR SYMPTOMS:
- ○ Itching
- ○ Hearing loss
- ○ Blocking, fullness, popping
- ○ Frequent ear infections
- ○ Ear tubes inserted
- ○ Ringing in ears
- ○ None

FREQENCY & SEVERITY OF SYMPTOMS:
- ○ Constant, chronic with little change
- ○ Present most of the time
- ○ Present part of the time
- ○ Present rarely
- ○ No interference with normal life
- ○ Slight interference with normal life
- ○ Considerable interference with normal life
- ○ Prevents most normal activities

EYE SYMPTOMS:
- ○ Itching
- ○ Excessive watering
- ○ Redness
- ○ Swelling
- ○ Worse during pollen season
- ○ Worse with animal exposure
- ○ Worse with smoke or chemical exposure
- ○ None

SKIN SYMPTOMS:
- ○ Hives
- ○ Rashes
- ○ Itching
- ○ Eczema
- ○ Swelling
- ○ Sores
- ○ Once had rashes in the bends of knees & elbows
- ○ Worse during pollen season
- ○ Worse with animal exposure
- ○ Skin symptoms are chronic
- ○ None

THROAT & MOUTH SYMPTOMS:
- ○ Itching of the throat and mouth
- ○ Frequent sore throats
- ○ Frequent laryngitis
- ○ Frequent Tonsilitis
- ○ Mouth sores
- ○ Swelling of the tongue and mouth
- ○ None

CHEST SYMPTOMS:

- ○ Tightness or pain with a deep breath
- ○ Asthma or wheezing with exercise
- ○ Asthma or wheezing around animals
- ○ Asthma or wheezing during pollen season
- ○ Asthma or wheezing around smoke
- ○ Shortness of breath
- ○ Dry coughing
- ○ Wet coughing
- ○ Emphysema
- ○ Frequent bronchitis
- ○ Recurring Pneumonia
- ○ Chest pain
- ○ COPD
- ○ None

BONE & JOINT SYMPTOMS:

- ○ Bone & Joint Pain
- ○ Redness or swelling of joints
- ○ Joint stiffness, limited motion
- ○ Muscle pain
- ○ Muscle weakness
- ○ None

CHRONIC GASTROINTESTINAL SYMPTOMS:

- ○ Nausea & vomiting
- ○ Diahrrhea
- ○ Gas, Heartburn
- ○ Cramps, bloating
- ○ Abdominal pain
- ○ None

○ Other symptoms: _____

○ Which symptoms are most bothersome? _____

PLEASE EXPLAIN WHAT YOU HAVE DONE TO TRY AND FIX THE PROBLEMS.

_____

_____

_____

HAVE ALL OF THESE TREATMENTS FAILED TO FIX YOUR PROBLEM? YES / NO

HOW HAS THE PROBLEM AFFECTED YOUR DAILY ACTIVIITES?

_____

_____

_____

_____

Briefly describe the reason for your visit and what you hope to accomplish:

_____

_____

_____

What type of care are you looking for? ○ Temporary relief ○ Maximum recovery

Patient: _____ **Date:** _____