

Food Sensitivity Intake Form

Name _____ DOB _____

Address _____

City, State, Zip _____

Telephone _____ E-mail _____

Check any of the following symptoms you experience:

Head

Headaches
Faintness
Dizziness
Feeling of fullness in the head
Excessive drowsiness or sleepiness soon after
Eating
Insomnia

Heart and Lungs

Palpitations
Increased heart rate
Asthma
Congestion of the chest
Hoarseness

Eyes, ears, nose and throat

Running nose
Stuffy nose
Excessive mucous formations
Watery eyes
Blurring of vision
Ringing of ears
Fluid in the middle ear
Hearing loss
Recurrent ear infections
Itching ear
Ear drainage
Sore throats
Chronic cough
Gagging
Canker sores
Itching of the roof of the mouth
Recurrent sinusitis

Gastrointestinal

Nausea
Vomiting
Diarrhea
Constipation
Malabsorption
Bloating after meals
Belching
Colitis
Flatulence
Feeling of fullness in the stomach long
after finishing a meal
Abdominal pains or cramps

Skin

Hives
Rashes
Eczema
Dermatitis
Pallor

Naturally Chiropractic
404 W. Superior St., 225
Duluth, MN 55802
218-722-2004

OTHER SYMPTOMS

Chronic fatigue
Weakness
Muscle aches and pains
Joint aches and pains
Swelling of the hands
Feet or ankles
Urinary tract symptoms (frequency or urgency)
Vaginal itching
Vaginal discharge
Hunger

PSYCHOLOGICAL SYMPTOMS

Anxiety panic attacks
Depression
Crying jags
Aggressive behavior
Irritability
Mental dullness
Mental lethargy
Confusion
Excessive daydreaming
Hyperactivity
Restlessness
Learning disabilities
Poor work habits
Slurred speech
Stuttering
Inability to concentrate
Indifference