

Patient _____ Date _____

Food Allergy Symptom List

- | | | |
|---|---|---|
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Chronic Fatigue Syndrome (CFS) | <input type="checkbox"/> Loose stools |
| <input type="checkbox"/> Irritable Bowel Syndrome (IBS) | <input type="checkbox"/> Chronic ear infections | <input type="checkbox"/> Ulcerative colitis |
| <input type="checkbox"/> Rosacea – redness of cheeks | <input type="checkbox"/> Chronic sinusitis | <input type="checkbox"/> Gas and bloating |
| <input type="checkbox"/> Weight gain | <input type="checkbox"/> Frequently clear throat, hoarseness, loss of voice | <input type="checkbox"/> Colic (infants) |
| <input type="checkbox"/> Chronic cough | <input type="checkbox"/> Frequent sore throat | <input type="checkbox"/> Edema (fluid retention) |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Sinus troubles | <input type="checkbox"/> Tightness in chest |
| <input type="checkbox"/> Adult acne | <input type="checkbox"/> Nasal polyps | <input type="checkbox"/> Chronic bronchitis |
| <input type="checkbox"/> Itching or hives | <input type="checkbox"/> Chronic stuffy nose | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Migraine headaches | <input type="checkbox"/> Chronic canker sores | <input type="checkbox"/> Vaginal itching |
| <input type="checkbox"/> Headaches of any type | <input type="checkbox"/> Halitosis “bad breath” | <input type="checkbox"/> Anal itching |
| <input type="checkbox"/> Attention Deficit | <input type="checkbox"/> Sneezing attacks | <input type="checkbox"/> Chronic yeast infections |
| <input type="checkbox"/> Hyperactivity Disorder (ADHD) | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Gall bladder pain |
| <input type="checkbox"/> Attention Deficit Disorder (ADD) | <input type="checkbox"/> Irritability | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Heartburn | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Sleep apnea |
| <input type="checkbox"/> Nausea | <input type="checkbox"/> Postnasal drip | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Gastroesophageal reflux disease (GERD) | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> Inability to focus | <input type="checkbox"/> Joint pain | <input type="checkbox"/> Any autoimmune disease process |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Stomach pain | <input type="checkbox"/> Chronic runny nose |
| <input type="checkbox"/> Rheumatoid arthritis | <input type="checkbox"/> Stomach cramping | <input type="checkbox"/> Bed wetting |
| <input type="checkbox"/> Osteoarthritis (OA) | <input type="checkbox"/> Crohn’s disease | <input type="checkbox"/> Psoriasis |
| <input type="checkbox"/> Degenerative Joint Disease (DJD) | <input type="checkbox"/> Chronic diarrhea | |
| <input type="checkbox"/> Fibromyalgia | | |