

Allergy Clearing Case History-Adult

(Please print legibly)

Name:		Today's Date:	
Address:	City:	State: Zip:	
H. Phone: ()	W. Phone: ()	C. Phone: ()	
Date of Birth: A	ge: Marital Status: S M D	W Email:	
Referred By:	Your Occupation:	Employer:	
Spouse Name:	Spouse Occupation:	Number of Children:	
Have you ever received chiropractic can	re? YES NO When an	d for how long?	
Have you had any organs removed? To	onsils/Adenoids/Gallbladder/App	endix/Colon/Stomach/Teeth/Other	

Please tell us about your allergy history...

Many people have very obvious known reactions to certain foods or substances. In as much detail as possible, please use the lines below to list any known allergies and a description of the observed reactions to each one. Obvious allergic responses might be itching, swelling, runny eyes, coughing, sneezing, rashes, vomiting, diarrhea. cramps, etc. Less obvious might include change of behavior after eating certain foods, excitable or grumpy, GERD, bowel inflammation, bloating, loss of appetite, headaches, "foggy" brain, chronic body aches, bags under eyes or dark circles, red ears, eczema.

Your allergy history will help to give us a basic starting place to begin the clearing process. Please be as thorough as possible when listing possible allergenic substances and observed bodily responses to those substances.

Known Allergenic Substances:	Observed Reactions: