

# 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

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## **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