

HIGHLAND CLINIC

ALLERGY CLINIC

Are you currently experiencing the following symptoms?

CONSTITUTIONAL

YES NO

- Appetite changes (Increased / Decreased)
- Chills
- Fatigue (feeling run down)
- Fever
- Malaise (feeling of uneasiness)
- Weight change – Indicate (gain / loss)

HEAD/EARS/EYES/NOSE/THROAT

YES NO

- Headache
- Blurry Vision
- Burning sensation of eyes
- Visual changes (double vision / lights bother eyes)
- Eye drainage (clear or discolored)
- Dry eyes
- Eye redness
- Itchy eyes
- Facial pain
- Ear drainage
- Fullness in ears
- Ear pain
- Dizziness
- Disturbance in sense of smell
- Nose bleeds
- Nasal congestion
- Nasal drainage (clear / discolored)
- Recurrent sinusitis
- Sneezing
- Hoarseness of voice
- Drainage in back of throat from nose
- Sore throat
- Snoring

LUNGS

YES NO

- Cough (DRY or PRODUCTIVE)
If productive, what color _____
- Recurrent bronchitis or pneumonia
- Chest pain (pain with deep breath)
- Shortness of breath / difficulty breathing
- Wheezing

HEART VASCULAR

YES NO

- Chest pain (cardiac)
- Heart murmur
- Swelling in legs
- Abnormal heartbeat / palpitations
- Passing out

STOMACH / COLON

YES NO

- Pain in abdomen (belly)
- Constipation
- Diarrhea
- Heartburn
- Nausea
- Vomiting

GENITAL / URINARY

YES NO

- Painful Urination
- Frequent urination
- Blood in urine

ENDOCRINE

YES NO

- Cold Intolerance
- Decreased activity
- Heat Intolerance
- Increased thirst (unexplained)
- Increased hunger (unexplained)

MENTAL HEALTH (Have you been diagnosed with or treated for...)

YES NO

- Anxiety
- Depression
- Difficulty sleeping

NEUROLOGIC

YES NO

- Light headedness
- Passing out

SKIN

YES NO

- Contact dermatitis
- Itchy skin
- Rash
- Skin lesions

MUSCULOSKELETAL

YES NO

- Bone/joint symptoms
- Generalized body aches
- Muscle weakness

BLOOD / BLEEDING PROBLEMS

YES NO

- Difficulty controlling bleeding
- Easy bruising
- Lymph node enlargement

IMMUNE SYSTEM

(Are you being treated for or have you been diagnosed with...)

YES NO

- Hay fever (seasonal allergies)
- Hives
- Animals at home / work
If yes, what kind _____
- Asthma
- Bee sting allergies

TRIGGERS

(Do any of the following aggravate allergy or breathing symptoms)

- Change of seasons
- Mold
- Pet dander (type of pet _____)
- Dust
- Weather
- Pollution / odor contaminants
- Smoke (i.e. fire burning or bbq)
- Exercise
- Something you touch/come in contact with (List _____)
- Latex or rubber

ALLERGIES

- Environmental
- Foods
- Medication (List _____)

