



# CLIENT HEALTH EVALUATION

Complete this section if you are interested in Allergy testing.

## Symptoms that may be attributable to allergy

Circle the extent to which you experience the following symptoms, leaving blank any that you do not experience, with 1 indicating that you seldom experience it and 5 indicating that it is troublesome to you most of the time.

### Head

- |   |   |   |   |   |                |
|---|---|---|---|---|----------------|
| 1 | 2 | 3 | 4 | 5 | Headache       |
| 1 | 2 | 3 | 4 | 5 | Migraine       |
| 1 | 2 | 3 | 4 | 5 | Sick headaches |
| 1 | 2 | 3 | 4 | 5 | Pressure       |
| 1 | 2 | 3 | 4 | 5 | Throbbing      |
| 1 | 2 | 3 | 4 | 5 | Stiff neck     |
| 1 | 2 | 3 | 4 | 5 | Stabbing       |

### Eyes

- |   |   |   |   |   |                           |
|---|---|---|---|---|---------------------------|
| 1 | 2 | 3 | 4 | 5 | Redness, itching          |
| 1 | 2 | 3 | 4 | 5 | Blurred vision            |
| 1 | 2 | 3 | 4 | 5 | Sandy or gritty feeling   |
| 1 | 2 | 3 | 4 | 5 | Seeing spots or lights    |
| 1 | 2 | 3 | 4 | 5 | Dark rings under the eyes |
| 1 | 2 | 3 | 4 | 5 | Watering                  |

### Ears

- |   |   |   |   |   |                                     |
|---|---|---|---|---|-------------------------------------|
| 1 | 2 | 3 | 4 | 5 | Ringing in the ears                 |
| 1 | 2 | 3 | 4 | 5 | Hearing loss                        |
| 1 | 2 | 3 | 4 | 5 | Itching/redness of the<br>outer ear |
| 1 | 2 | 3 | 4 | 5 | Recurrent ear infections            |
| 1 | 2 | 3 | 4 | 5 | Earache                             |

### Lungs

- |   |   |   |   |   |                           |
|---|---|---|---|---|---------------------------|
| 1 | 2 | 3 | 4 | 5 | Tightness in chest        |
| 1 | 2 | 3 | 4 | 5 | Wheezing                  |
| 1 | 2 | 3 | 4 | 5 | Hyperventilation          |
| 1 | 2 | 3 | 4 | 5 | Coughing                  |
| 1 | 2 | 3 | 4 | 5 | Poor respiratory function |

### Nose, throat and mouth

- |   |   |   |   |   |                                 |
|---|---|---|---|---|---------------------------------|
| 1 | 2 | 3 | 4 | 5 | Metallic taste in mouth         |
| 1 | 2 | 3 | 4 | 5 | Mouth ulcers                    |
| 1 | 2 | 3 | 4 | 5 | Frequent sore throats           |
| 1 | 2 | 3 | 4 | 5 | Post-nasal drip                 |
| 1 | 2 | 3 | 4 | 5 | Stuffy nose                     |
| 1 | 2 | 3 | 4 | 5 | Sinusitis                       |
| 1 | 2 | 3 | 4 | 5 | Swelling of mouth, lips or eyes |
| 1 | 2 | 3 | 4 | 5 | Stiffness of throat or tongue   |
| 1 | 2 | 3 | 4 | 5 | Sneezing                        |

### Gastro-intestinal

- |   |   |   |   |   |                    |
|---|---|---|---|---|--------------------|
| 1 | 2 | 3 | 4 | 5 | Nausea             |
| 1 | 2 | 3 | 4 | 5 | Diarrhoea          |
| 1 | 2 | 3 | 4 | 5 | Constipation       |
| 1 | 2 | 3 | 4 | 5 | Abdominal bloating |
| 1 | 2 | 3 | 4 | 5 | Flatulence         |
| 1 | 2 | 3 | 4 | 5 | Burping            |
| 1 | 2 | 3 | 4 | 5 | Gastric reflux     |
| 1 | 2 | 3 | 4 | 5 | Abdominal distress |

### Nervous system

- |   |   |   |   |   |                             |
|---|---|---|---|---|-----------------------------|
| 1 | 2 | 3 | 4 | 5 | Difficulty thinking clearly |
| 1 | 2 | 3 | 4 | 5 | Memory loss                 |
| 1 | 2 | 3 | 4 | 5 | Insomnia                    |
| 1 | 2 | 3 | 4 | 5 | Difficulty waking up        |
| 1 | 2 | 3 | 4 | 5 | Cranky on waking            |

### Depressed mental state

- |   |   |   |   |   |                        |
|---|---|---|---|---|------------------------|
| 1 | 2 | 3 | 4 | 5 | Melancholy or low mood |
| 1 | 2 | 3 | 4 | 5 | Depression             |
| 1 | 2 | 3 | 4 | 5 | Tearfulness            |
| 1 | 2 | 3 | 4 | 5 | Feeling withdrawn      |
| 1 | 2 | 3 | 4 | 5 | Lack of confidence     |
| 1 | 2 | 3 | 4 | 5 | Confusion              |

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## Skin

1	2	3	4	5	Eczema
1	2	3	4	5	Hives (urticaria)
1	2	3	4	5	Rash
1	2	3	4	5	Itching, dryness
1	2	3	4	5	Blotches
1	2	3	4	5	Excessive perspiration unrelated to exercise
1	2	3	4	5	Chilblains

## Overactive mental state

1	2	3	4	5	Irritability
1	2	3	4	5	Tenseness
1	2	3	4	5	Anxiety
1	2	3	4	5	Panic attacks
1	2	3	4	5	Overactivity
1	2	3	4	5	Restlessness
1	2	3	4	5	Destructiveness
1	2	3	4	5	Uncontrollable rage

## Cardiovascular

1	2	3	4	5	Rapid or irregular pulse
1	2	3	4	5	Chest pain
1	2	3	4	5	Palpitations, esp. after eating
1	2	3	4	5	Tight chest
1	2	3	4	5	Pain on exercise (angina)
1	2	3	4	5	Elevated blood pressure

## Musculoskeletal

1	2	3	4	5	Swollen, painful joints
1	2	3	4	5	Aching muscles
1	2	3	4	5	Muscular spasm
1	2	3	4	5	Shaking (especially on waking)
1	2	3	4	5	Cramps
1	2	3	4	5	Fibromyalgia
1	2	3	4	5	Restless legs

## Genito-urinary

1	2	3	4	5	Premenstrual tension (for women)
1	2	3	4	5	Menstrual difficulties (for women)
1	2	3	4	5	Frequency of urination
1	2	3	4	5	Urgency of urination
1	2	3	4	5	Burning urination
1	2	3	4	5	Genital itch
1	2	3	4	5	Bedwetting

## Other symptoms

1	2	3	4	5	Being over- or under-weight
1	2	3	4	5	Fluctuating weight
1	2	3	4	5	Sudden tiredness after eating
1	2	3	4	5	Sudden chills after eating
1	2	3	4	5	Vertigo
1	2	3	4	5	Suddenly feeling unwell
1	2	3	4	5	Feeling unwell all over
1	2	3	4	5	Feeling totally drained and exhausted
1	2	3	4	5	Swelling around eyes, hands, abdomen or ankles