

**Allergen Questionnaire**

- \_\_\_\_\_ Dark circles under the eyes
- \_\_\_\_\_ Puffiness under the eyes
- \_\_\_\_\_ Sneeze often
- \_\_\_\_\_ Sniffing or runny nose
- \_\_\_\_\_ Severe food cravings or addictions
- \_\_\_\_\_ Extreme and frequent mood swings
- \_\_\_\_\_ Suffer from unnatural fatigue
- \_\_\_\_\_ Hot flashes or sweating for no apparent reason (non menopausal)
- \_\_\_\_\_ Craving for certain foods
- \_\_\_\_\_ Experience weight fluctuations of 4 to 5 lbs a day
- \_\_\_\_\_ Regular severe headaches or migraines
- \_\_\_\_\_ Regularly experience puffiness of face, ankles, or fingers
- \_\_\_\_\_ Dry throat, coughing
- \_\_\_\_\_ Skin rashes often
- \_\_\_\_\_ Have a history of food intolerance
- \_\_\_\_\_ Muscles aches
- \_\_\_\_\_ Heart beats strongly at times for no apparent reason