

Renewed Health Acupuncture and Herbal Medicine 894 Summit St., Suite 109 (512) 341-9900

894 Summit St., Suite 109 Round Rock, TX 78664 info@RenewedHealthAc.com

www.RenewedHealthAc.com

NAET/Allergy Patient Intake

Patient Name: Date:												
Please mark $()$ your level of discomfort	to the	follov	ving a	llerge	ns.							
0 = No discomfort	to the	101101	, mg u	nerge	110.							
10 = Maximum discomfort												
An = Anaphylactic												
Allergen	0	1	2	3	4	5	6	7	8	9	10	An
Almonds												
Avocado												
Banana												
Green Beans												
Beef												
Celery												
Chicken												
Chocolate												
Codfish												
Eggplant												
Egg (yolk or egg white)												
Lemon												
Fish/Shellfish (crab/shimp/lobster)												
Mango												
Milk Products												
Melon (honey dew)												
Onion												
Orange												
Peanut												
Bell Pepper												
Rice												
Salmon												
Soybean												
Strawberry												
Tomato												
Tuna												
Wheat/Gluten												
Aspirin												
Cedar Tree												
Chemicals												
Chemotherapy												
Clothing Items												
Cold												
Computers												
Corn												

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Cosmetics								
Anaesthesia								
Environment (grasses,trees,pollens, etc.)								
Food Additives								
Food Colors								
Formaldehyde								
Fungus								
Hair Colors								
Heat								
Ice Cream								
Latex								
Mold								
Mushrooms								
Penicillin								
People								
Perfume								
Pets & Animals								
Plastics								
Radiation								
The Sun								
Others (please list):								
Others (preuse list).								
Please mark ($$) your level of discomfort:								

0 = No discomfort												
10 = Maximum discomfort												
Symptom	0	1	2	3	4	5	6	7	8	9	10	
Abdominal Bloating/Pain								-				
Acne												
ADD/ADHD												
Addiction to: Smoking												
Alcohol												
Carbohydrate												
Coffee												
Drugs												
Food												
Anxiety/Anxiety Attacks												
Arthritis (specify type)												
Asthma												
Autism												
Backache												
Bad Breath												
Bed Wetting/Incontinence												
Behavioral Problems/Easily Angered												
Bipolar Disorders												
Blood Pressure Problems												
Bronchitis												
Cancer (specify type)												
Candida/Yeast												
Chicken Pox												
Chronic Fatigue												
Colitis												
Constipation												
Cough												
Crohn's Disease												
Depression												
Diarrhea												
Dry Eyes												
Ear Infections/Problems												
Eating Disorders												
Eczema Eczema												
Emotional Problems/Imbalance												
Excessive Appetite												
Eye Problems (specify type)												
Falling Out Hair												
Fibromyalgia												
Flatulence/Gas												
Food Cravings												
Frequent Colds												
Frequent Infections												
Symptom	0	1	2	3	4	5	6	7	8	9	10	
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Frequent Urination												
Gallstones												
General Itching												
Hay Fever												
Headaches												
Heart Irregularities/Disease												
Hemorrhoids												
Herpes												
Hives												
Hormone Imbalances												
Hyperactivity												
Hypoglycemia												
Immunization After-effects												
Indigestion												
Insomnia												
Irritable Bowel Syndrome (IBS)												
Kidney Disease												
Knee Pains												
Leaky Gut Syndrome												
Learning Disabilities/Dyslexia												
Liver Disease												
Lock Jaw												
Lupus												
Menopausal Syndrome												
Migraines												
Mood Swings												
Multiple Sclerosis												
Nervous Stomach												
Night Sweats												
Obsessive Compulsive Disorders												
Overeating												
Pain anywhere in the body												
Parasitic Infestation												
Phobias												
Poor Appetite												
Poor Memory												
Post Nasal Drip												
Premenstrual Syndrome (PMS)												
Psoriasis												
Psychological Disorders												
Rashes												
Restless Leg Syndrome												
Rheumatoid Arthritis												
Ringworm												
Schizophrenia												
Sciatica Pains												
Symptom	0	1	2	3	4	5	6	7	8	9	10	
J T												

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Sea Sickness												
Shingles												
Sinusitis												
Stiff Neck												
Thyroid Problems												
Varicose Veins												
Vertigo/Dizziness												
Weight Problems												
Others (please list):												
											<u> </u>	
I understand that the above information is complete	a and i	COrre	et to the	hest o	of my 1	nowlea	lge		<u> </u>	<u> </u>		<u> </u>
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