**Xu Wellness Center**

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[www.XuWellnessCenter.com](http://www.XuWellnessCenter.com)

**Allergy Form**

|  |  |
| --- | --- |
| Name | Date |
| Mobile Phone | Mobile Provider | Date of Birth |
| Email | Social Security Number |

Please rate your symptoms (0-4) with 0 being never having symptoms and 4 being frequently having symptoms or severe symptoms.

**Group 1**

Musculo-Skeletal

GI

|  |  |
| --- | --- |
|  | Heartburn |
|  | Constipation |
|  | Flatulence/ Belching |
|  | Blood/ Mucousy Stools |
|  | Nausea/ Vomiting |
|  | Bloated |
|  | Diarrhea |
|  | Stomach Cramps/ Pain |
|  | TOTAL |

Energy & Activity

|  |  |
| --- | --- |
|  | Weak/ Tired |
|  | Arthritis |
|  | Limited Mobility/ Stiffness |
|  | Growing Pains in Legs |
|  | Muscular Aches/ Pain |
|  | Joints Aches/ Pain |
|  | Joints Swollen/ Tender  |
|  | TOTAL |

|  |  |
| --- | --- |
|  | Fatigue |
|  | Poor Coordination |
|  | Slurred Speech |
|  | Restlessness |
|  | Lethargic |
|  | Stuttering/ Stammering |
|  | ADD/ ADHD |
|  | Hyperactivity |
|  | TOTAL |

Weight

|  |  |
| --- | --- |
|  | Food Cravings |
|  | Compulsive Eating |
|  | Overweight |
|  | Binge Eating/ Drinking |
|  | Retaining Water |
|  | TOTAL |

Psychological

Neurological

|  |  |
| --- | --- |
|  | Anxiety/ Fear/ Nervousness |
|  | Frustrated/ Cries Frequently |
|  | Depression |
|  | Argumentative |
|  | Mood Swings |
|  | Aggression/ Anger/ Irritability |
|  | TOTAL |

|  |  |
| --- | --- |
|  | Difficulty Completing Projects |
|  | Short/ Poor Attention Span |
|  | Easily Distracted |
|  | Difficulty with Mathematics |
|  | Learning Disabilities |
|  | Underachiever in School |
|  | Poor Memory |
|  | Difficulty Making Decisions |
|  | Confusion |
|  | TOTAL |

Other

|  |  |
| --- | --- |
|  | Frequent/ Urgent Urination |
|  | Anal Itch |
|  | Genital Itch/ Discharge |
|  | Frequent Illness |
|  | TOTAL |

**Group 2**

Eyes & Ears

Skin & Mouth

|  |  |
| --- | --- |
|  | Bad Breath |
|  | Cold Sores |
|  | Rashes |
|  | TOTAL |

|  |  |
| --- | --- |
|  | Pressure in Ears |
|  | Hearing Loss/ Ear Pain |
|  | Burning of Eyes |
|  | TOTAL |

Head & Sinuses

GI

|  |  |
| --- | --- |
|  | Cough |
|  | Nasal Itching |
|  | Post-Nasal Drip |
|  | Cough |
|  | Dizziness |
|  | Headaches |
|  | TOTAL |

|  |  |
| --- | --- |
|  | Mucous in Stools |
|  | Foul Smelling Gas |
|  | Indigestion |
|  | TOTAL |

Emotional

|  |  |
| --- | --- |
|  | Depressed |
|  | Irritable/ Jittery/ Moody |
|  | Chronically Tired |
|  | TOTAL |

**Patient Signature X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

For Office Use Only

Totals

**Total Group 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Group 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grand Total: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**