



Allergy and Auto-Immune Questionnaire

Center for Better Bones

Name: _____

1. What diagnosis or multiple diagnoses have you been given?

2. Please describe any allergy testing you have had (for foods, chemicals, inhalants, etc.). If possible fax me a copy of your allergy test results before our first appointment (315-432-9231).

3. Please outline the treatment you have received to date.

4. Please list your known reactants. This concerns the foods, inhalants, chemicals, and other substances you know you are allergic or hypersensitive to at this time.

