



DIXON CENTER FOR INTEGRATIVE HEALTH CARE
Andrew Dixon, DC • Christy Diaz, DC

HARPETH VALLEY HEALTH CENTER
Tamera Thoener, FNP-C • Kimin Huang, AGNP-C
Wellness Practitioner Kelli Thomas

Allergy Survey

NAME: _____ DOB: _____ DATE: _____

It is very common for insurance companies to cover allergy testing. If you are interested in finding out what you might be allergic to we can verify your insurance to see what your coverage will be. Would you like us to verify your insurance to see if you have coverage? []Yes []No

Have you been diagnosed with: heart disease, heart attack, stroke, or vascular disease? []Yes []No

Have you ever had a sever reaction to a bee sting: i.e. swelling in the face/throat, difficulty breathing, or had to go to the emergency room)? []Yes []No

Do you suffer from allergies? If yes, list symptoms: _____ []Yes []No

Do you take any allergy meds to relieve symptoms? []Yes []No

Do you get chronic infections? If yes, list: _____ []Yes []No

Do you have a chronic cough or wheezing? []Yes []No

Do you have any pets? []Yes []No

Do you have eczema or rashes? []Yes []No

Do you have any form of pain or discomfort after eating? []Yes []No

Do you have breathing problems? []Yes []No | If yes, what kind? []Asthma []COPD []Short Breath

What time of year are your symptoms worse? []Winter []Spring []Summer []Fall []All Year