

## Welcome Alive Expo Attendees!

Please complete this simple form to receive your FREE ALLERGY TEST RESULTS. There is absolutely no charge to receive your results. Your wellness is always our goal!

Name:	
Signature:	
Date:	

1. List any medical problems/concerns which had you to take the food allergy test.
  
2. What steps have you taken to address these? Please list any tests/results (if known).
  
3. On a scale of 1-10, 1 being poor, 10 being fantastic, how would you rate your health?
  
4. Are you currently under the care of a physician?
  
5. Do you take any medications or nutritional supplements? If so, please list.

6. Please check any of the following you have, or have had:

Mono	
Hepatitis	
Herpes	
Lyme Disease	

Amalgam	
Smoke	
Drink Alcohol	
Chemotherapy	

7. Please circle the type of insurance you have: HMO, PPO, Private, Medicaid, Medicare, or none.