

Allergy/Inflammation Symptom Severity Index

Name: _____

Date: _____

Grade the level of symptom severity that you are currently experiencing according to the following system:

- 1 = No problem
- 2 = Rarely (once a month) or minimal
- 3 = Occasional (once a week) or mild
- 4 = Frequent (several times a week) or moderate
- 5 = Daily or severe

Integument-Musculoskeletal

- ___ Dark circles around eyes
- ___ Itching, burning, painful skin
- ___ Flaking skin
- ___ Dry skin
- ___ Skin rash
- ___ Oozing or crust formation
- ___ Hair loss
- ___ Muscle cramps
- ___ Painful, stiff or swollen joints
- ___ Migraines
- ___ **Total for section**

Cardiovascular-Gastrointestinal

- ___ Heart racing
- ___ Palpitations (skipped beats)
- ___ Upper bowel gas (belching)
- ___ Lower bowel gas (flatulence)
- ___ Reflex (heartburn)
- ___ Bloating, abdominal distention
- ___ Liquid stools
- ___ Greasy stools
- ___ Mucus in stools
- ___ More than 3 stools per day
- ___ **Total for section**

Eye, Ear, Nose, Respiratory

- ___ Itching, Burning, red or watery eyes
- ___ Runny nose
- ___ Increased mucus production
- ___ Sinus congestion or headache
- ___ Scratchy or sore throat
- ___ Itchy ears, snapping, popping, pain
- ___ Cough
- ___ Frequent colds or ear infections
- ___ Shortness of breath
- ___ Wheezing or coughing in fits
- ___ **Total for section**

Mental-Emotional

- ___ Difficulty remembering
- ___ Blackouts
- ___ Numbness or tingling
- ___ Want to be alone
- ___ Don't care about appearance
- ___ Fatigue, no energy
- ___ Easily upset
- ___ Inappropriate anger
- ___ Undue fears
- ___ Problems with appetite or sleep
- ___ **Total for section**

Total Score: _____

CANDIDA QUESTIONNAIRE (Male patient fills this part only)

How many times did you take antibiotics during the past two years? _____
How often do you eat sugar products? (chocolate/cookies/soft drink etc.) _____
Do you experience frequent sinus problems? Yes ___ No ___
Do you experience irregular bowel movement (constipation/diarrhea)? Yes ___ No ___
Do you experience periodic depression/severe mood swings/fatigue? Yes ___ No ___
How old is your house? _____ Is it near a ___ pond, ___ lake, or ___ river? Yes ___ No ___
When was the last time you had the air duct cleaned in your house? _____
Did you notice any mold presence in your house or place of work? Yes ___ No ___

FEMALE QUESTIONNAIRE

Last menstrual cycle date: _____ **Are you pregnant?** _____
General period duration: _____ days; **General monthly cycle:** _____ days
Details of last period: _____
(scanty/excessive, clotting, color, cramping, mood swing, breast tenderness/distention)

Do you usually experience PMS? Yes ___ No ___
If yes, what are the symptoms? _____

Were you on birth control pills/patches during the past 5 years? Yes ___ No ___
If yes, how many years have you been on it? _____

How often do you have yeast infection? _____

Did you do hysterectomy in the past? ___ If yes, when? _____ (ovary/uterus)

Do you have menopausal-like symptoms? _____
___ hot flashes ___ feeling hot frequently ___ irregular menstrual cycle
___ sleeping disorders ___ mood changes ___ severe fatigue ___ vaginal dryness
___ low sex drive ___ difficult to lose weight
___ symptoms are controlled with medication _____

Do you use hormone replacement therapy? _____
If yes, when did you start it? _____
List the hormones/dosage you are using _____

Do you have or suspect you have osteoporosis? _____
If yes, what medication/remedies are you using? _____

Do you have thyroid disorder? _____
If yes, what medication/remedies are you using? _____

CANCELLATION POLICY

Please be advised that our cancellation policies are strictly enforced.

In the event that you need to cancel and/or reschedule an appointment for a non-emergency reason, please call us or leave a message at **847-922-4156** **twenty four (24) hours in advance.** _____ (initial here)

Cancellation for emergency reasons is excluded from the above. Emergency reasons include accident/death in the family, sudden sickness of self or immediate family members, flight cancellations when travel etc. _____ (initial here)

Each patient is allowed **one non-emergency cancellation/reschedule per month.** _____ (initial here)

Two consecutive non-emergency cancellations will result in termination of Dr. Hong's services to you. _____ (initial here)

If your schedule is not always known in advance, you can schedule your appointments one week in advance only. However, you may not get the specific time you would like, due to other patients whose schedules are known. _____ (initial here)

Any violation of the above policy will result in \$75 cancellation charge and/or termination of service. _____ (initial here)

I, _____, have read and agreed to comply with the above policy.

_____ (signature)

Date: _____