

Please attach
Hair-Sample
here



20-30 strands
 1-3cm/1 inch

- Test Format:**
- Standard**
 B75 S150
- Advanced**
 C250 D300
 C500

TEST FORM

Food Intolerance & Substance Sensitivity

The purpose of the test should only be to help confirm a suspected adverse reaction or intolerance.

The test is NOT suitable for general interest or health check, without adverse reaction/s or any associated symptom/s.

Current processing time: app. 10-14 working days + posting time.

The Standard 150 items is the best all-round test.

Delays: can occur in times of high demand, or unforeseen circumstances.

Choosing the right test > PTO overleaf >

Date:

Test for Baby? Please specify if your baby is still breastfeed or has already been weaned . Please list Formula & solid foods overleaf.

Office use only:

Ref-No: **CNT 1842-**

First Name:

Date received:

Surname:

Date processed:

Year of Birth: or Age: Gender: Female Male

Tel. or Email address:

I have read and understand, that the information I give is for the purpose of testing only; and that all personal details are kept secure and strictly confidential. My personal details will by no means shared with any third parties other than the clinic or practitioner from where this test is ordered - for the purpose of delivery or forwarding. By using this test service I accept the full **Disclaimer** as outlined overleaf.

This form will be destroyed after testing (within 3-4 weeks). Electronic data 'Test-Reports' will be kept safe and secure for 6 years, unless deletion is requested - please let us know. For our **Privacy Policy** please ask staff or view online at www.allergylink.co.uk.

X Signature: Unsigned Test-Forms -without signature- may not be processed.

Please complete both sections (medical history) ↓ →

Note: incomplete forms will be returned.

Please indicate the **Main Symptoms** you are **currently experiencing**

..A=acute ..C=chronic ..O=often ..S=sometimes

1. Main reason / condition for taking the test:

acute constant often incident serious concern

2. Did you ever have an **Anaphylactic Shock**? Please specify:

No Yes :

3. Do you have any known **allergies** or **intolerances** ? e.g.

✓ penicillin, dairy, egg, shellfish, soya, nuts, wasps, latex, pollen, dust mite, ...

No Yes :

4. Did you avoid any foods for more than 3 months?

If you have been avoiding known 'allergens' - foods or substances, these may not show in the allergy report. Please specify which food

No Yes :

as above 2./3.

5. In the last 3 years - did you have:

A course of Antibiotics Vaccination

Medication

Operation Metal 'implant'

6. Are you : Pet owner..... Smoker.....

drinking Alcohol drinking Diet Soda

Vegetarian Vegan on a special diet

7. Are you taking any **Vitamins/Supplements** No Yes :

.....

8. Medical condition /History):

.....

Note: If no symptoms are indicated the test can not be processed.

Digestive Symptoms: None

Itchy mouth tingling mouth/tongue mouth ulcers

diarrhoea abdominal pain..... stomach cramps

constipation bloating /wind IBS IBD

nausea vomiting heartburn reflux (GERD)

Colitis /Divericulitis Celiac Crohn's disease

Skin conditions: None

Eczema Dermatitis Psoriasis

Hives/Urticaria Rashes red / itchy spots

Rosacea Boils Ulcer

whole body face eyes ears torso arms legs

Swelling of: mouth tongue lips throat face

Respiratory conditions: None

Asthma Breathing problems coughing

wheezing Catarrh Nasal congestion

Sinusitis Rhinitis Tinnitus Throat

Hay Fever Eyes: itchy/red watery swollen

Nose: itchy sneezing runny

Other conditions present: None

Palpitations Panic attacks Stress (1-10).....

Migraines Headache Dizziness/Vertigo

ME /CFS (chronic fatigue syndrome) MCS.....

Hyperactivity extreme mood swings Depression

Cystitis/UTI Thrush..... Painful joints

Weight loss Weight gain

other

No associated Symptoms or Nothing wrong? > P.T.O.