

Please attach  
**Hair-Sample**  
 10-30 strands  
 1-3cm/1 inch  
 with sello-tape  
 here

The Colonic Clinic  
 72 Abington Avenue  
 Northampton  
 NN1 4PA

01604 620966 - Email: [enquiry@colonicnorthampton.co.uk](mailto:enquiry@colonicnorthampton.co.uk)



## Allergy & Intolerance Test Online-Application

Please select the test format and return: by post or email

Test Format: Basic-75Complex-250Complex-400+

Date: <input type="text"/>	Title: <input type="text" value="Mrs Mr"/>	Test for Baby? Please specify if breastfeed weaned and list Formula & solid foods .	Order ID:
First Name: <input type="text"/>			Ref-No: KD1823CC-
Surname: <input type="text"/>	Gender: <input type="text" value="Female Male"/>		Date received:
Date of Birth: <input type="text"/> - <input type="text"/> - <input type="text"/>	Age: <input type="text"/>	Height: <input type="text"/>	Weight: <input type="text"/>
Address: <input type="text"/>			
	Postcode: <input type="text"/>		
Occupation: <input type="text"/>	Tel: <input type="text"/>		Date processed:
Email: <input type="text"/>			

The information you give assists us in establishing any intolerance or allergy like reaction related to your symptoms.

Please indicate the Symptoms you experience: A=acute O= often S=sometimes

**Do you have any known Allergies?**  
 e. g. penicillin, milk, pollen, nuts, latex, strawberries, tomato, etc.  
 No Yes : .....

**Did you ever experience an Anaphylactic Shock?**  
 e.g. penicillin, nuts, bee/wasps, latex, strawberries, tomato, etc  
 No Yes : .....

Are you:      vegan                      pet owner .....

                  vegetarian                      smoker

**Have you had any of the following in the past 3 years?**  
 Vaccination      X-Ray      Antibiotics

**Are you taking any Vitamins or other health Supplements?**  
 No Yes : .....

**Are you currently taking any Medication / Herbs?**  
 No Yes : .....

Please use back of form if space is not enough

**Medical Conditions or health problems:**  
 .....

Medical History – optional: please use back of form if you wish.

**Other reason for allergy test and comments:**  
 .....

**Digestive Symptoms:**

IBS - Irritable Bowelconstipation	abdominal pain
indigestion	diarrhoea
heartburn	nauseous
Diverticulitis	Coeliac disease
other .....	Crohn's disease
	bloatedness
	wind

**Skin conditions:**

Eczema	rashes	red spots
Dermatitis	itching skin	itchy spots
Psoriasis	hives /Urticaria	acute
Acne	Rosacea	spots/pimples
other .....		

**Respiratory conditions:**

Asthma ( acute)	Rhinitis
breathing problems	Sinusitis
catarrh	coughing
Hay Fever	itchy eyes
other .....	watery eyes/sneezing

**Other conditions present:**

Migraines	Hyperactivity	Anxiety
Headaches	Irritability	Depression
tired	fatigue	Weight loss
Chronic fatigue (ME)		Weight gain
Cystitis	Thrush	Rheumatoid arthritis
Water retention		Osteo-arthritis
other .....		

