

Allergen Self-Discovery

Please print out and read the following list of symptoms, they could be caused by allergies. Thousands have received relief from these symptoms by treating the Basic 15+ with the NAET method. Mark with an "X" any symptoms you have experienced and circle any that are severe. Then, bring your print-out to your first appointment with Allergies Be Gone.

- | | | |
|---|---|---|
| <input type="checkbox"/> Abnormal appetite | <input type="checkbox"/> Allergy to newsprint ink | <input type="checkbox"/> Breast-pain |
| <input type="checkbox"/> Absent-mindedness | <input type="checkbox"/> Allergy to nuts | <input type="checkbox"/> Breast lumps |
| <input type="checkbox"/> Acid foods upset | <input type="checkbox"/> Allergy to paper | <input type="checkbox"/> Breast swelling |
| <input type="checkbox"/> Acne | <input type="checkbox"/> Allergy to peanuts | <input type="checkbox"/> Burning feet |
| <input type="checkbox"/> Addiction to alcohol | <input type="checkbox"/> Allergy to penicillin | <input type="checkbox"/> Burning in the groin |
| <input type="checkbox"/> Addiction to caffeine | <input type="checkbox"/> Allergy to perfume | <input type="checkbox"/> Burning on urination |
| <input type="checkbox"/> Addiction to chocolate | <input type="checkbox"/> Allergy to plastics | <input type="checkbox"/> Burning urine |
| <input type="checkbox"/> Addiction to coffee | <input type="checkbox"/> Allergy to pollens | <input type="checkbox"/> Candida/yeast |
| <input type="checkbox"/> Addiction to drugs | <input type="checkbox"/> Allergy to proteins | <input type="checkbox"/> Canker sores |
| <input type="checkbox"/> Addiction to food | <input type="checkbox"/> Allergy to radiation | <input type="checkbox"/> Cannot be pacified |
| <input type="checkbox"/> Addiction to smoking | <input type="checkbox"/> Allergy to razor blades | <input type="checkbox"/> Cardiac arrhythmias |
| <input type="checkbox"/> Addiction to sugar | <input type="checkbox"/> Allergy to salt | <input type="checkbox"/> Cervical dysplasia |
| <input type="checkbox"/> Addiction to | <input type="checkbox"/> Allergy to shellfish | <input type="checkbox"/> Chemical sensitivities |
| carbohydrates | <input type="checkbox"/> Allergy to smells | <input type="checkbox"/> Chronic cough |
| <input type="checkbox"/> Aggression | <input type="checkbox"/> Allergy to sugar | <input type="checkbox"/> Chronic fatigue |
| <input type="checkbox"/> Allergy to animals | <input type="checkbox"/> Allergy to trees | <input type="checkbox"/> Chronic low grade |
| <input type="checkbox"/> Allergy to aspirin | <input type="checkbox"/> Allergy to weeds | fever |
| <input type="checkbox"/> Allergy to bee stings | <input type="checkbox"/> Allergy to wheat/gluten | <input type="checkbox"/> Chronic nasal |
| <input type="checkbox"/> Allergy to cold | <input type="checkbox"/> Amnesia, temporary | congestion |
| <input type="checkbox"/> Allergy to corn | <input type="checkbox"/> Anemia | <input type="checkbox"/> Clumsiness |
| <input type="checkbox"/> Allergy to fish | <input type="checkbox"/> Angina-like pains | <input type="checkbox"/> Cold extremities |
| <input type="checkbox"/> Allergy to food | <input type="checkbox"/> Anxiety attacks | <input type="checkbox"/> Cold intolerance |
| additives | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Cold sores |
| <input type="checkbox"/> Allergy to food | <input type="checkbox"/> Asthma, brochial | <input type="checkbox"/> Colitis |
| colorings | <input type="checkbox"/> Asthma, cardiac | <input type="checkbox"/> Compulsive behavior |
| <input type="checkbox"/> Allergy to gasoline | <input type="checkbox"/> Athlete's Foot | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Allergy to hair dye | <input type="checkbox"/> Attention deficit | <input type="checkbox"/> Conjunctivitis |
| <input type="checkbox"/> Allergy to heat | disorder | <input type="checkbox"/> Cough |
| <input type="checkbox"/> Allergy to humidity | <input type="checkbox"/> Backache | <input type="checkbox"/> Craving fat |
| <input type="checkbox"/> Allergy to insects | <input type="checkbox"/> Bone Pains | <input type="checkbox"/> Craving spices |
| <input type="checkbox"/> Allergy to latex | <input type="checkbox"/> Bipolar disorders | <input type="checkbox"/> Craving salt |
| <input type="checkbox"/> Allergy to mercury | <input type="checkbox"/> Biting your nails | <input type="checkbox"/> Craving sour |
| <input type="checkbox"/> Allergy to milk | <input type="checkbox"/> Bladder problems | <input type="checkbox"/> Craving sweets |
| products | <input type="checkbox"/> Blurred vision at night | <input type="checkbox"/> Craving bitters |
| <input type="checkbox"/> Allergy to mushroom | <input type="checkbox"/> Bowel disorder | <input type="checkbox"/> Craving onions |
| <input type="checkbox"/> Allergy to mold | <input type="checkbox"/> Brain fog | <input type="checkbox"/> Crohn's disease |

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- | | | |
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| <input type="checkbox"/> Cuts heal slowly | <input type="checkbox"/> Exercise-induced Asthma | <input type="checkbox"/> Hay-fever |
| <input type="checkbox"/> Dandruff | <input type="checkbox"/> Failing memory | <input type="checkbox"/> Hair loss |
| <input type="checkbox"/> Decreased sex drive | <input type="checkbox"/> Fainting spells | <input type="checkbox"/> Hair pulling |
| <input type="checkbox"/> Dermatitis | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Halitosis |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Fear | <input type="checkbox"/> Hand flicking |
| <input type="checkbox"/> Destructive behavior | <input type="checkbox"/> Fever of unknown origin | <input type="checkbox"/> Head banging |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Feels insecure | <input type="checkbox"/> Headache/afternoon |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Headache/migraines |
| <input type="checkbox"/> Difficulty walking | <input type="checkbox"/> Fibrocystic breast | <input type="checkbox"/> Headache over eyes |
| <input type="checkbox"/> Difficulty swallowing | <input type="checkbox"/> Food cravings | <input type="checkbox"/> Headaches/sinus |
| <input type="checkbox"/> Distractibility | <input type="checkbox"/> Food sensitivity | <input type="checkbox"/> Headache/morning |
| <input type="checkbox"/> Diverticulitis | <input type="checkbox"/> Forgetfulness | <input type="checkbox"/> Headaches under the eyes |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Formaldehyde allergy | <input type="checkbox"/> Hearing loss/decrease |
| <input type="checkbox"/> Double vision | <input type="checkbox"/> Frequent repetitive activity | <input type="checkbox"/> Heartburn |
| <input type="checkbox"/> Dream disturbed sleep | <input type="checkbox"/> Frequent bronchitis | <input type="checkbox"/> Heart irregularities |
| <input type="checkbox"/> Dry eyes | <input type="checkbox"/> Frequent ear infection | <input type="checkbox"/> Hemorrhoids |
| <input type="checkbox"/> Dry mouth | <input type="checkbox"/> Frequent flu and cold | <input type="checkbox"/> Herpes-1 |
| <input type="checkbox"/> Dry skin | <input type="checkbox"/> Frequent infections | <input type="checkbox"/> Herpes-2 |
| <input type="checkbox"/> Dryness | <input type="checkbox"/> Frequent pneumonia | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Frequent sore throat | <input type="checkbox"/> High altitude problem |
| <input type="checkbox"/> Ear aches | <input type="checkbox"/> Frequent sweating | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Ear infections | <input type="checkbox"/> Frequent urination | <input type="checkbox"/> High cholesterol |
| <input type="checkbox"/> Eating dirt | <input type="checkbox"/> Gags easily | <input type="checkbox"/> Hives |
| <input type="checkbox"/> Eating disorders | <input type="checkbox"/> Gallstones | <input type="checkbox"/> Hoarseness |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Gastric distress | <input type="checkbox"/> Holds on to people and objects |
| <input type="checkbox"/> Edema of the feet | <input type="checkbox"/> Gastric Ulcer | <input type="checkbox"/> Hot flashes |
| <input type="checkbox"/> Elbow pain | <input type="checkbox"/> General body aches | <input type="checkbox"/> Hungry between meals |
| <input type="checkbox"/> Eyelids puffy | <input type="checkbox"/> General fatigue | <input type="checkbox"/> Hyperactivity |
| <input type="checkbox"/> Emphysema | <input type="checkbox"/> General itching | <input type="checkbox"/> Hypoglycemia |
| <input type="checkbox"/> Enuresis (bed wetting) | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Impaired ability to role-play |
| <input type="checkbox"/> Erratic disruptive behavior | <input type="checkbox"/> Greasy food upsets | <input type="checkbox"/> Impaired speech |
| <input type="checkbox"/> Excessive appetite | <input type="checkbox"/> Groin pain | <input type="checkbox"/> Impaired peer relationships |
| <input type="checkbox"/> Excessive drooling | <input type="checkbox"/> Hair colorings | |
| <input type="checkbox"/> Excessive salivation | | |
| <input type="checkbox"/> Excessive sweating | | |

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| <input type="checkbox"/> Impulsivity | <input type="checkbox"/> Milk cause discomfort | <input type="checkbox"/> Prone to infections |
| <input type="checkbox"/> Increased sex drive | <input type="checkbox"/> Mood swings | <input type="checkbox"/> Prostate troubles |
| <input type="checkbox"/> Increased thirst | <input type="checkbox"/> Mucus in the throat | <input type="checkbox"/> Psoriasis |
| <input type="checkbox"/> Indigestion | <input type="checkbox"/> Multiple sclerosis | <input type="checkbox"/> Recurrent prostatitis |
| <input type="checkbox"/> Infertility | <input type="checkbox"/> Muscle cramps at night | <input type="checkbox"/> Red blood cells low |
| <input type="checkbox"/> Internal tremor | <input type="checkbox"/> Muscle pain | <input type="checkbox"/> Red blood cells high |
| <input type="checkbox"/> Insomnia | <input type="checkbox"/> Muscle spasms | <input type="checkbox"/> Red eyes |
| <input type="checkbox"/> Irregular periods | <input type="checkbox"/> Nasal polyps | <input type="checkbox"/> Repeated dental infection |
| <input type="checkbox"/> Irritability | <input type="checkbox"/> Nausea | <input type="checkbox"/> Restless leg syndrome |
| <input type="checkbox"/> Irritable bowels | <input type="checkbox"/> Neck pains | <input type="checkbox"/> Reflex sympathetic dystrophy |
| <input type="checkbox"/> Itchy eyes | <input type="checkbox"/> Nervous stomach | <input type="checkbox"/> Ringworm |
| <input type="checkbox"/> Jock itch | <input type="checkbox"/> Neuralgia | <input type="checkbox"/> Ringing in the ears |
| <input type="checkbox"/> Joint pains | <input type="checkbox"/> Night sweats | <input type="checkbox"/> Sadness |
| <input type="checkbox"/> Keyed up, fails to calm | <input type="checkbox"/> Nose-bleed | <input type="checkbox"/> Sand-like feeling in the eyes |
| <input type="checkbox"/> Knee pains | <input type="checkbox"/> Neuropathies | <input type="checkbox"/> Sciatica |
| <input type="checkbox"/> Labored breathing | <input type="checkbox"/> Numbness anywhere in the body | <input type="checkbox"/> Scleroderma |
| <input type="checkbox"/> Leaky gut syndrome | <input type="checkbox"/> Obsessive behavior | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Learning disabilities | <input type="checkbox"/> Ovarian cyst | <input type="checkbox"/> Sensitive to cold |
| <input type="checkbox"/> Light sensitivity | <input type="checkbox"/> Pain between shoulders | <input type="checkbox"/> Sensitive to heat |
| <input type="checkbox"/> Listlessness | <input type="checkbox"/> Pain on the heels | <input type="checkbox"/> Shoulder pain |
| <input type="checkbox"/> Loss of taste | <input type="checkbox"/> Pain anywhere in the body with reason | <input type="checkbox"/> Short term memory loss |
| <input type="checkbox"/> Loose stools | <input type="checkbox"/> Panic attacks | <input type="checkbox"/> Shortness of breath |
| <input type="checkbox"/> Loud talk | <input type="checkbox"/> Paranoia | <input type="checkbox"/> Sighs frequently |
| <input type="checkbox"/> Low backache | <input type="checkbox"/> Parasitic infestation | <input type="checkbox"/> Sinusitis |
| <input type="checkbox"/> Low blood pressure | <input type="checkbox"/> Parrot-like talking | <input type="checkbox"/> Skin peels |
| <input type="checkbox"/> Low body temperature | <input type="checkbox"/> Phobias | <input type="checkbox"/> Skin problems |
| <input type="checkbox"/> Low libido | <input type="checkbox"/> Picking at skin | <input type="checkbox"/> Sleep apnea |
| <input type="checkbox"/> Lump in the breast | <input type="checkbox"/> PMS | <input type="checkbox"/> Sleepy during the day |
| <input type="checkbox"/> Lump in the throat | <input type="checkbox"/> Poor appetite | <input type="checkbox"/> Slow pulse |
| <input type="checkbox"/> Lupus | <input type="checkbox"/> Poor concentration | <input type="checkbox"/> Slow starter |
| <input type="checkbox"/> Lymph node tenderness | <input type="checkbox"/> Poor memory | <input type="checkbox"/> Smell-decreased |
| <input type="checkbox"/> Metallic taste in the mouth | <input type="checkbox"/> Post nasal drip | <input type="checkbox"/> Sneezing attacks |
| <input type="checkbox"/> Mid backache | <input type="checkbox"/> Premature graying | |
| <input type="checkbox"/> Migrating pains | | |

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- | | |
|--|--|
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> Urinary tract disorder |
| <input type="checkbox"/> Startles easily | <input type="checkbox"/> Urination difficult |
| <input type="checkbox"/> Strokes | <input type="checkbox"/> Urine amount decreased |
| <input type="checkbox"/> Strong lights irritates | <input type="checkbox"/> Urine amount increased |
| <input type="checkbox"/> Swollen joints, ankles | <input type="checkbox"/> Uterine polyp |
| <input type="checkbox"/> Thickening skin | <input type="checkbox"/> Vaginal discharge |
| <input type="checkbox"/> Throat constriction | <input type="checkbox"/> Varicose veins |
| <input type="checkbox"/> Thyroid problem | <input type="checkbox"/> Vomiting frequently |
| <input type="checkbox"/> Tightness in the chest | <input type="checkbox"/> Vulvodynia |
| <input type="checkbox"/> Tingling around the mouth | <input type="checkbox"/> Vertigo |
| <input type="checkbox"/> Tingling anywhere in the body | <input type="checkbox"/> Warts |
| <input type="checkbox"/> Tourette's syndrome | <input type="checkbox"/> Weak nails |
| <input type="checkbox"/> Tires too easily | <input type="checkbox"/> Wake up during the night |
| <input type="checkbox"/> Toxicity to heavy metals | <input type="checkbox"/> Watery eyes |
| <input type="checkbox"/> Toxicity to pesticides | <input type="checkbox"/> Weight gain for no reason |
| <input type="checkbox"/> Ulcerative colitis | <input type="checkbox"/> Weight loss |
| <input type="checkbox"/> Uncontrollable body movements | <input type="checkbox"/> White blood cells low |
| <input type="checkbox"/> Unable to fall asleep at night | <input type="checkbox"/> White blood cells high |
| <input type="checkbox"/> Unable to go back to sleep upon waking | <input type="checkbox"/> White spots |
| <input type="checkbox"/> Unable to sleep for long hours without waking | <input type="checkbox"/> Worrier |
| <input type="checkbox"/> Unexplained chest pain | <input type="checkbox"/> Yeast infections |
| <input type="checkbox"/> Unexplained pain in the body | <input type="checkbox"/> Other |
| <input type="checkbox"/> Unreasonable anger | |
| <input type="checkbox"/> Unrefreshing sleep | |
| <input type="checkbox"/> Unusual weight loss | |
| <input type="checkbox"/> Upper backaches | |