

Your Unique Body



1. Do you have any of the following symptoms after eating eating particular foods: bloating, itchy nose/ eyes/skin, gas, acidic feeling or acid reflux, energy drops, eyes water? Write in detail if you have these symptoms or others - and what food you relate it to.

2. Did you have symptoms as a child to these foods, or when did they come about?

3. What have you tried to heal allergies?

4. Have you been tested for food, environmental, and household allergies?

5. If you've been tested, are you following a protocol? If so, what's working, what's not?

6. Suggestion: not sure if you have allergies to food? If you suspect it, though you're unsure, isolate suspect foods - in other words, try them one by one. Any reaction? Write in detail.

7. Do you have emotional attachments to foods you don't want to give up, though they give you symptoms? If so, what are the feelings or memories attached to that food?

8. Are you affected emotionally by allergies? If so, write in detail.

9. What do you need support with?