



## Diet Restrictions

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## Allergies

(Check those that apply and specify nature of the allergic reaction.)

### Food Allergies

- Peanuts  
 Tree nuts  
 Wheat (Celiac)  
 Soy  
 Fish  
 Shellfish  
 Dairy  
 Eggs

### Drug Allergies

- Penicillin  
 Anticonvulsants  
 Insulin  
 Iodine  
 Sulfa drugs

### Environmental Allergies

- Animals  
 Dust  
 Outdoor/Seasonal  
 Mold  
 Latex

Other allergies \_\_\_\_\_

Nature of the reactions \_\_\_\_\_

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## Medical Concerns

Have you had or do you have any of the following? (If yes, please explain.)

	Yes	No	Explanation
Anemia	___	___	_____
Arthritis	___	___	_____
Asthma	___	___	_____
Attention deficit	___	___	_____
Autism/Asperger Syndrome	___	___	_____
Autoimmune Disease	___	___	_____
Diabetes	___	___	_____
Difficulty breathing	___	___	_____
Epilepsy or seizures	___	___	_____
Heart disease/conditions	___	___	_____
Hepatitis	___	___	_____
HIV	___	___	_____
High or low blood pressure	___	___	_____
Joint conditions	___	___	_____
Joint replacements	___	___	_____
Mental health conditions	___	___	_____
Rods, pins or plates in body	___	___	_____
Thyroid problems	___	___	_____
Other medical concerns	___	___	_____

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