

A.R.T. Allergy Release Technique ®

If you are interested in working with an A.R.T. practitioner please fill out the fields below and send back to me via email. Amy has a 4 year waitlist and has trained other practitioners in A.R.T who we may refer you to based on your child's needs and Amy's availability.

Parent's First Name: _____
Parent's Last Name: _____
Parent's Email address: _____
Parent's Phone: _____
Best time to reach you: _____
City/Town: _____
Scheduling Availability: _____
Referral (if applicable): _____

CHILD INFORMATION:

Child's Name: _____
Child's Age: _____
Child's Allergies: _____

1. Has your child had an anaphylactic reaction? If yes, please explain:

2. Have you used an EpiPen on your child? Have you used an EpiPen more than once? Please explain.

3. Please list RAST numbers. If you are unsure of your child's RAST numbers, contact your allergist for that information.

Item	RAST Number	Item	RAST Number

4. Has your child reacted to an allergen with any of the following symptoms: Please check Yes/No to all items. If Yes, please explain below.

Symptom	Yes	No	Allergen	Ingestion?	Contact?
Difficulty breathing/wheezing					
Chest discomfort/tightness					
Difficulty breathing/wheezing					
Chest discomfort/tightness					
Cough					
Hoarse voice					
Dizziness/lightheadedness/fainting					
Flushing/redness of face					
Rapid heart beat					
Nasal Congestion					
Hives					
Itching					
Rashes					
Difficulty swallowing					
Swelling of face, tongue, eyes					
Abdominal pain					
Diarrhea					
Vomiting or nausea					
Watery, red eyes					
Unconsciousness					
Feeling of doom					
Anxiety					

Explanation of symptoms: (Please use this area)