

**Wink Chiropractic & Rehabilitation Center, Inc.**

893 Henderson Avenue

Washington, PA 15301

**Allergic Reactions**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_
- 10. \_\_\_\_\_

I hereby state that I have allergies to the above named prescriptions, homeopathic vitamins, food or insect bites.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date