

Allergy & Environmental Health Center

Kalpana D. Patel, M.D. F.A.A.P., F.A.A.E.M.

Board Certified in Practice of Environmental Allergy & Occupational Medicine

65 Wehrle Drive • Buffalo, New York 14225 • (716) 833-2213 • Fax(716) 833-2244

Consent for Mold exposed Patients

I	understand that my										
visit to the AEHC of WN	Y is for evaluat	tion and									
treatment of my condition	n only.										
I understand that there wi any third party litigation i											
I also understand that I we establish cause and effect what is required for my re-	relationship ov	ver and above									
Patient		(please print)									
Signature											
Witness											
Date											

EHC-Buffalo

65 Wehrle Drive Buffalo, New York 14225 voice-716.833.2213, fax-716.833.2244

Name				
DOB	Date	:	 	,

Symptoms of Mold Exposure

Please date the top of the column and then using 1-10 in terms of severity, 10 being the most severe, place the number after all that applies to you.

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Fatigue						-		 danish merepaga			<u> </u>				
Cough	ļ								<u> </u>					okanakan turun	
Memory Loss			<u></u>	***************************************											
Muscle Ache		1.701 aT 11.14 at 1													
Joint Pain														£1 12	23.85
Bright Light Sensitivity					*										
Confusion		*************						- ACCOMANDA							
Shortness of Breath							-								
Diarrhea															P
Headache								-							
Weakness									<u> </u>						
Sinus Congestion	Î														
Vertigo															
Reduced Concentration															
Muscle Cramp															
Tingling															
Metallic Taste								V	***************************************						
Tearing	[
Skin Pain															
Depression															
Disorientation															
Abdominal Pain	th thoward														
Red Eyes												***			
Dizzy After Standing															
Other (Describe Below)													***************************************		
