QUESTIONNAIRE

The following questionnaire asks you to evaluate a number of mental, physical and dental symptoms that you may be experiencing, or suffer from time to time, and has been compiled so that your physician and dentist can assess your potential body-burden of stored heavy metal toxins. Mercury, lead, cadmium arsenic and aluminum is the most common. The combination and synergism of these metals can produce toxicity that varies from patient to patient, and depends on one's genetic ability to excrete these toxins. For evaluation by your physician and dentist, this baseline record is needed to monitor and measure your progress as you detoxify.

Name _____ Today's Date _____

Date of Birth _____

☐ ✔ Check the appropriate box(es) if you have suffered from the following symptoms:

☐ Bleeding gums	☐ Irritability	☐ Inability to concentrate	☐ Dry Mouth
☐ Bone loss around teeth	☐ Anxiety / nervousness	☐ Difficulty making decisions	☐ Loss of coordination
☐ Loose teeth	☐ Difficulty breathing when anxious	☐ Lethargy/drowsiness	☐ Loss of balance
☐ Excessive salivation	☐ Restlessness	☐ Hallucinations	☐ Abdominal cramps
☐ Foul breath	☐ Mood swings	☐ Muscle weakness	☐ Stomach problems
☐ Metallic taste with certain foods	☐ Exaggerated response to stimulation	☐ Mental depression/despondency	☐ Low blood pressure
☐ Tremors/ trembling of hands Feet, lips, eyelids or tongue	☐ Fits of anger with violent, irrational conduct	☐ Insomnia	☐ High blood pressure
☐ Burning sensation of lips/face	☐ Fearfulness	☐ Rocking movements	☐ Increased heart rate
☐ Burning throat	☐ Lack of self-control	☐ Frequent leg cramps	☐ Hearing difficulties
☐ Inflammation of mouth lining	☐ Hopelessness	☐ Diminished touch sensation	☐ Ringing in ears
☐ Ulcers in mouth or tongue	☐ Loss of self-confidence	☐ Numbness and tingling of hands, Feet, fingers, toes or lips	☐ Hearing loss
☐ Twitching or jerking of muscles	☐ Suicidal thoughts	☐ Aversion to touch	☐ Excessive itching
☐ Difficulty walking	☐ Shyness or timidity	☐ Loss of short-term memory	☐ Blurred vision
☐ Difficulty talking	☐ Difficulty swallowing	☐ Easily embarrassed	☐ Allergies
☐ Sensitivity to light	☐ Chronic headaches	☐ Cold clammy skin- especially Hands and feet	☐ Sudden hair loss
☐ Food sensitivity to eggs or milk	☐ General food sensitivities	☐ Skin irritation	☐ General fatigue
☐ Frequent or recurring heartburn	☐ Constant bloated feeling	☐ Low body temperature	☐ Nausea
☐ Frequent urination during the Night	☐ Menstrual pains	☐ Skin rashes	☐ Vomiting
☐ Chronic diarrhea/constipation	☐ Disturbances in menstrual cycle	☐ Excessive perspiration w/ Frequent night sweats	☐ Loss of appetite
☐ Unexplained numbness or Burning sensations	☐ Constant or frequent joint pain	☐ Low blood sugar	☐ Anorexia
☐ Slurred speech	☐ Speech disorders	☐ Poor performance with timed Tests performed by a neurologist	☐ Weight loss

Thank you for filling in this questionnaire. In 1 year, we will repeat the same exercise – hopefully with fewer check marks.
The nutritional protocol you will be following, will change depending on your individual response.