ENVIROMENTAL MEDICINE / DETOX EXAM

Were you breast-fed? ______ Yes ______ No If yes, for how long? ______________________

Do you have your tonsils? ______ Yes ______ No If no, when removed? ______________________

Who is your dentist? ____

Do you have any mercury dental fillings? Yes _____ No _____

If yes, how many? ____

Do you have any root canals? Yes _____ No _____

If yes, how many? ____

Are you regularly exposed to factory smoke, electrical substation, high traffic road etc.? Please list.

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____

____

Have you in the past been exposed to factory smoke, electrical substation, high traffic road etc.? List a history of exposure.

____

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____

Have you lived in a newly consturcted home or apartment? When? Where?

____

____

____

Have you had a bad reaction to an immunization?

____

____

What hobbies do you have or have had in the past? Gardening, guns / shooting, etc. .

____

____

____

What types of employment have you had and when?

____

____

Are you sensitive to smoke? ______________________________

Are you sensitive to odors? ______________________________

Are you sensitive perfume? ______________________________

What exposures cause a reaction to your body? ______________________________