3. DETOX & EXPOSURE

Past or current exposure to:

☐ Mold ☐ Heavy metals ☐ Chemical fumes

☐ Pesticides ☐ Dental amalgams

Water damage or visible mold in home/workplace?

Diagnosed infections (parasite, Lyme, viral, etc.)?

Structured detox or cleanse history?

Environmental & Product Exposure

☐ Perfumes/body sprays ☐ Household cleaners

☐ Scented laundry products ☐ Plastic containers/bottles

☐ Conventional personal care products

Would you like guidance on lower-toxin swaps? ☐ Yes ☐ No

4. HORMONE, ENERGY & STRESS

Rate 0–5 (0 = low, 5 = excellent):

Energy Sleep Mood

Have you experienced:

☐ PMS ☐ Irregular cycles ☐ Heavy bleeding ☐ Cramps

Have you had:

☐ Hysterectomy ☐ Oophorectomy ☐ Menopause

If menopausal, age at onset: Current symptoms:

Using hormone therapy or birth control?