## **DETOXIFICATION QUESTIONNAIRE**

atient Name:		1	Date:		
	lowing symptoms based on your typical health pr		ation:		
Past month		t 48 hours	10 mar of a cognition 11 of 1 1860 Por 1 867		
	Never or almost never have the symptom 1—Occ Frequently have it, effect is not severe 4—Frequently	casionally have it, effect is equently have it, effect is a			
<b>0</b> —,			The second section		
	Symptoms	Questionnaire (SQ			
HEAD	Headaches	DIGESTIVE	Nausea, vomiting		
-	Faintness	TRACT			
	Dizziness		Constipation		
_	Insomnia TOTAL	£	Bloated feeling		
EYES	— Watery or itchy eyes	-	Belching, passing gas		
	Swollen, reddened or sticky		Heartburn		
	eyelids		Intestinal/stomach pain TOTAL		
Pu en altinolog	Bags or dark circles under eyes Blurred or tunnel vision TOTAL	JOINTS/	Pain or aches in joints		
EARS	Itchy ears	= MUSCLE	MUSCLE Arthritis		
EARS	Earaches, ear infections		Stiffness or limitation of movement		
torre otes in research	Drainage from ear	Feeling of weakness or tiredness			
	Ringing in ears,	WEIGHT.	Pain or aches in muscles TOTAL		
	hearing loss TOTAL	WEIGHT	Binge eating/drinking		
NOSE —	Stuffy nose	-	Craving certain foods		
	Sinus problems	-	Excessive weight		
· ·	—— Hay fever		——— Water retention ——— Underweight		
<u> -</u>	Sneezing attacks		Compulsive eating TOTAL		
_	Excessive mucus formation TOTAL	ENERGY/	Control (Salato), process processor		
MOUTH/	Chronic coughing	ACTIVITY	_ Fatigue, sluggishness		
THROAT	Gagging, frequent need to	ACIIVIII	Apathy, lethargy Hyperactivity		
	clear throat		Restlessness TOTAL		
	Sore throat, hoarseness, loss of voice	MIND	Poor memory		
	Swollen or discolored		Confusion, poor comprehension		
	tongue, gums, lips	7 - 1 - 1	Difficulty in making decisions		
	Canker sores TOTAL	# = 27 kg/s   1 = -	Stuttering or stammering		
SKIN	Acne		Slurred speech		
_	Hives, rashes, dry skin		Learning disabilities		
	Hair loss	and the second	Poor concentration		
_	Flushing, hot flashes		Poor physical coordination TOTAL		
	Excessive sweating TOTAL	EMOTIONS	Mood swings		
HEART	Chest pain		Anxiety, fear, nervousness		
_	Irregular or skipped heartbeat	_	Anger, irritability, aggressiveness		
_	Rapid or pounding	d	Depression TOTAL		
LINCS	heartbeat TOTAL	OTHER	Frequent illness		
LUNGS	Chest congestion		Frequent or urgent urination		
_	Asthma, bronchitis Shortness of breath		Genital itch or discharge TOTAL		
	— Snortness of breath  Difficulty breathing TOTAL —	GRAND TOTAL	TOTAL		

Tolerability Test (TT)					
6. Do you commonly experience "brain fog," fatigue, or drowsiness?  Yes (1 pt.) No (0 pt.)  7. Do you develop symptoms on exposure to fragrances, exhaust fumes, or strong odors?					
			9. Yes (1 pt.) No (0 pt.) Don't know (0 pt.)  8. Do you feel ill after you consume even small amounts of alcohol?  9. Yes (1 pt.) No (0 pt.) Don't know (0 pt.)		
10. Do you have a personal history of  Environmental and/or chemical sensitivities (5 pts.)  Chronic fatigue syndrome (5 pts.)  Multiple chemical sensitivity (5 pts.)  Fibromyalgia (3 pts.)  Parkinson's type symptoms (3 pts.)  Alcohol or chemical dependence (2 pts.)  Asthma (1 pt.)  11. Do you have a history of significant exposure to harmful chemicals					
such as herbicides, insecticides, pesticides, or organic solvents?  Yes (1 pt.)  No (0 pt.)					
12. Do you have an adverse or allergic reaction when you consume sulfite containing foods such as wine, dried fruit, salad bar vegetables, etc?					
☐ Yes (1 pt.) ☐ No (0 pt.) ☐ Don't know (0 pt.)  GRAND TOTAL:					

For Practitio	oner Use U	niy:				
		OVER	ALL SCORE TABULATION	N		
		s based on new hire (SQ and TT)  SQ SCO  TT SCO		0; moderate 15-49: Low 0; moderate 5-9: Low		
	1101	. Pasawa Bari		Functional Medicine Protocol		
SQ Score	TT Score	Description	Meal Replacement Powder (MRP)	Diet	Additional Nutraceutical Support	
50 or >	10 or >	High level of general symptoms and indicated symptoms of elevated toxic loa	-Super Shake or Best Whey -Pro Lean Greens	30 Day Detoxification Program	-LivClear II -Liver/Gallbladder Tincture -EnerDMG	
15-49	5-9	Moderate level of general symptoms with moderate symptoms of toxic load	-Super Shake or Best Whey -Pro Lean Greens	10 Day Detoxification Program	-LivClear II -Liver/Gallbladder Tincture -EnerDMG	
14 or <	4 or <	Low level of general symptoms and minimal indicators of toxic load	-Super Shake or Best Whey -Pro Lean Greens	(file All no	Maintenance: -LivClear II	
		Additional Symptom-Specifi	c Support		1.30. 1.304	
Symptom No.			Nutraceutical Support			
Water retention and/or frequent or urgent urination			K&B Tincture			
Heartburn and/or intestinal/stomach pain			Prob-Zyme			
Diarrhea, constipation, and/or intestinal/stomach pain			Frontier Biotics			

**NOTE:** Patients with chronic constipation should take Frontier Cleanse (4 Capsules) one hour after meals up to three times per day.