

Patient's Name \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
Last First MI Date of Birth

1. Do you have mercury/silver fillings? \_\_\_\_\_ How many? \_\_\_\_\_ Since When? \_\_\_\_\_
2. Have any of your mercury/silver fillings been replaced? \_\_\_\_\_ With what? \_\_\_\_\_ When? \_\_\_\_\_
3. Were your fillings removed with a rubber dam? \_\_\_\_\_ Clean-up device? \_\_\_\_\_ Alternate breathing source? \_\_\_\_\_
4. Did you have mercury/silver fillings in your baby teeth? \_\_\_\_\_ How many? \_\_\_\_\_
5. Did you have all of your childhood vaccines? \_\_\_\_\_ Do you currently take the flu vaccine? \_\_\_\_\_ How often? \_\_\_\_\_  
Any other boosters? (List) \_\_\_\_\_ When? \_\_\_\_\_
6. Where did you grow up? (City / State) \_\_\_\_\_
7. Were you on or near farms? \_\_\_\_\_ Herbicides / Pesticides / Insecticides \_\_\_\_\_
8. Were you near large industry? \_\_\_\_\_ Chemical Plants? \_\_\_\_\_ Processing Plants? \_\_\_\_\_
9. What are all the jobs you have held? (List) \_\_\_\_\_  
\_\_\_\_\_
10. What hobbies have you done with paints or other chemicals/ liquids? \_\_\_\_\_  
\_\_\_\_\_
11. Have you ever siphoned gasoline with your mouth or washed your hands in gasoline? \_\_\_\_\_
12. Did you ever play or work in apple, peach, citrus or other orchards? \_\_\_\_\_
13. Where you ever diagnosed with Mercury or Heavy Metal Toxicity? If "yes", when? \_\_\_\_\_  
(If "no", skip to question # 18)
14. How was the diagnosis made? \_\_\_\_\_ Are there lab reports? (please provide copy) \_\_\_\_\_
15. Have you been doing any detoxification? \_\_\_\_\_ What kinds? \_\_\_\_\_  
Under whose care? \_\_\_\_\_ How long? \_\_\_\_\_ Any problems? \_\_\_\_\_
16. What was the reason that you ended up with the diagnosis of Heavy Metal Toxicity? \_\_\_\_\_  
Do you have a diagnosed disease or disability thought to be related? \_\_\_\_\_ What? \_\_\_\_\_
17. Who diagnosed your disease now thought to be related to Heavy Metal Toxicity? \_\_\_\_\_  
Are you still seeing that provider? \_\_\_\_\_ Are they supportive of alternative care? \_\_\_\_\_ Do they know you are here? \_\_\_\_\_
18. Who else do you see besides the provider who sent you here (if referred)? Please list. \_\_\_\_\_  
\_\_\_\_\_
19. What are your beliefs or understandings about Heavy metal toxicity? \_\_\_\_\_  
\_\_\_\_\_
20. What are your goals for being here? \_\_\_\_\_