

Heavy Metal Toxicity Questionnaire

Listed below are symptoms commonly found in people with Heavy Metal Toxicity. Even if you have many of the symptoms, you may NOT be Heavy Metal Toxic. Other causes may be present. Please schedule a consultation to discuss it with one of our practitioners. The best diagnostic tool is Hair Elements Analysis performed by a laboratory. We offer the test through our office.

Your name _____ Date _____

Phone number _____ Email address _____

Check the box if you have ever suffered from these symptoms:

- | | |
|---|--|
| <input type="checkbox"/> Irritability | <input type="checkbox"/> Diminished touch sensation |
| <input type="checkbox"/> Anxiety/nervousness | <input type="checkbox"/> Numbness and tingling of hands, feet, fingers, toes or lips |
| <input type="checkbox"/> Difficulty breathing when anxious | <input type="checkbox"/> Aversion to touch |
| <input type="checkbox"/> Restlessness | <input type="checkbox"/> Muscle weakness |
| <input type="checkbox"/> Exaggerated response to stimulation | <input type="checkbox"/> Loss of coordination |
| <input type="checkbox"/> Fearfulness | <input type="checkbox"/> Tremors/trembling of hands, feet, lips, eyelids or tongue |
| <input type="checkbox"/> Emotional instability | <input type="checkbox"/> Burning sensation of lips, face |
| <input type="checkbox"/> Lack of self-control | <input type="checkbox"/> Lowered libido |
| <input type="checkbox"/> Fits of anger with violent, irrational conduct | <input type="checkbox"/> Inflammation of lining of the mouth |
| <input type="checkbox"/> Loss of self-confidence | <input type="checkbox"/> Ulcers in mouth or on tongue |
| <input type="checkbox"/> Thyroid problems | <input type="checkbox"/> Twitching or jerking of muscles |
| <input type="checkbox"/> Shyness or timidity | <input type="checkbox"/> Difficulty walking |
| <input type="checkbox"/> Brown spots on skin | <input type="checkbox"/> Difficulty talking |
| <input type="checkbox"/> Loss of memory | <input type="checkbox"/> Difficulty swallowing |
| <input type="checkbox"/> Inability to concentrate | <input type="checkbox"/> Loss of balance |
| <input type="checkbox"/> Difficulty making decisions | <input type="checkbox"/> Food sensitivity to eggs or milk |
| <input type="checkbox"/> Lethargy/drowsiness | <input type="checkbox"/> General food sensitivities |
| <input type="checkbox"/> Candida or yeast infections | <input type="checkbox"/> Bloating feeling most of the time |
| <input type="checkbox"/> Hallucinations | <input type="checkbox"/> Abdominal cramps |
| <input type="checkbox"/> Mood swings | <input type="checkbox"/> Stomach problems |
| <input type="checkbox"/> Mental depression | <input type="checkbox"/> Frequent or recurring heartburn |
| <input type="checkbox"/> Rocking movements | |
| <input type="checkbox"/> Frequent leg cramps | |

For office use only:

- Frequent urination during the night
- Chronic diarrhea or constipation
- Low blood pressure
- High blood pressure
- Increased heart rate
- Menstrual pains
- Disturbances in menstrual cycle
- Bleeding gums
- Bone loss around teeth
- Loosening of teeth
- Excessive salivation
- Foul breath
- Metallic taste
- Ringing in ears
- Hearing loss
- Hearing difficulties
- Blurred vision
- Sensitivity to light
- Chronic headaches
- Allergies
- Skin rashes

Please continue this questionnaire on the next page.

- | | | |
|--|---|--|
| <input type="checkbox"/> Hair loss | <input type="checkbox"/> Constant or frequent pain in joints | <input type="checkbox"/> Loss of appetite |
| <input type="checkbox"/> Excessive itching | <input type="checkbox"/> Unexplained numbness or burning sensations | <input type="checkbox"/> Loss of weight |
| <input type="checkbox"/> Skin irritation | <input type="checkbox"/> General fatigue | <input type="checkbox"/> Low blood sugar |
| <input type="checkbox"/> Low body temperature | <input type="checkbox"/> Nausea | <input type="checkbox"/> Speech disorders |
| <input type="checkbox"/> Cold, clammy skin especially hands and feet | <input type="checkbox"/> Poor performance with tests | <input type="checkbox"/> Slurred speech |
| <input type="checkbox"/> Excessive perspiration with frequent night sweats | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Unintelligible speech |
| <input type="checkbox"/> Anorexia | | <input type="checkbox"/> Slow reaction time |

Have you ever had silver-colored farrings in your teeth **YES** **NO**

Do you smoke or have you smoked? **YES** **NO**

Have you received vaccinations? **YES** **NO**

Please check below if you are employed in any of these occupations, or if you are involved in similar activities as hobbies.

- | | | |
|--|---|---|
| <input type="checkbox"/> Agricultural Product Handlers | <input type="checkbox"/> Asbestos Abatement Technicians | <input type="checkbox"/> Auto Mechanics |
| <input type="checkbox"/> Battery Manufacturers | <input type="checkbox"/> Battery Recyclers | <input type="checkbox"/> Canning Plant Workers |
| <input type="checkbox"/> Carpenters | <input type="checkbox"/> Ceramic Manufacturers | <input type="checkbox"/> Construction Laborers |
| <input type="checkbox"/> Construction Workers | <input type="checkbox"/> Cosmetic Manufacturers | <input type="checkbox"/> Cosmetologists |
| <input type="checkbox"/> Dental Assistants | <input type="checkbox"/> Dental Lab Workers | <input type="checkbox"/> Dentists |
| <input type="checkbox"/> Diesel Equipment Mechanics | <input type="checkbox"/> Dynamite Manufacturers | <input type="checkbox"/> Dynamiters |
| <input type="checkbox"/> Electronic Assembly Workers | <input type="checkbox"/> Electronic Component Manuf. | <input type="checkbox"/> Electroplaters |
| <input type="checkbox"/> Engravers | <input type="checkbox"/> Explosives Experts | <input type="checkbox"/> Fertilizer Manufacturers |
| <input type="checkbox"/> Fiberglass Installers | <input type="checkbox"/> Fiberglass Manufacturing Workers | <input type="checkbox"/> Firemen |
| <input type="checkbox"/> Firing Range Operators | <input type="checkbox"/> Fishermen | <input type="checkbox"/> Fluorescent Tube Manufacturers |
| <input type="checkbox"/> Foundry Workers | <input type="checkbox"/> Glass Manufacturing Workers | <input type="checkbox"/> Glassblowers |
| <input type="checkbox"/> Grinder Operators | <input type="checkbox"/> Hairdressers | <input type="checkbox"/> Hazardous Material Workers |
| <input type="checkbox"/> Ink Manufacturers | <input type="checkbox"/> Jewelers | <input type="checkbox"/> Laboratory Workers |
| <input type="checkbox"/> Landfill Workers | <input type="checkbox"/> Landscapers | <input type="checkbox"/> Lumber Processors |
| <input type="checkbox"/> Lumber Yard Workers | <input type="checkbox"/> Metal Recyclers | <input type="checkbox"/> Metal Sculptors |
| <input type="checkbox"/> Miners | <input type="checkbox"/> Nail Technicians | <input type="checkbox"/> Paint Manufacturers |
| <input type="checkbox"/> Painters - Residential/Commercial | <input type="checkbox"/> Painters – Fine art | <input type="checkbox"/> Pharmaceutical Workers |
| <input type="checkbox"/> Plastic Product Manufacturers | <input type="checkbox"/> Plumbers | <input type="checkbox"/> Plumbing Supply Manufacturers |
| <input type="checkbox"/> Policemen | <input type="checkbox"/> Potters | <input type="checkbox"/> Preservative Manufacturers |
| <input type="checkbox"/> Printers | <input type="checkbox"/> Search & Rescue Workers | <input type="checkbox"/> Ship Repairers |
| <input type="checkbox"/> Shooting Instructors | <input type="checkbox"/> Smelting Plant Workers | <input type="checkbox"/> Solderers |
| <input type="checkbox"/> Tanners | <input type="checkbox"/> Tattoo Artists | <input type="checkbox"/> Truck Mechanics |
| <input type="checkbox"/> Waste Handlers | <input type="checkbox"/> Welders | <input type="checkbox"/> Well Diggers |

If you checked a dozen or more symptoms, you may have problems with Heavy Metal Toxicity.

Please order Hair Element Analysis from our website www.biotherapystore.com or call (415) 409-3939