ENVIRONMENTAL/DETOXIFICATION ASSESSMENT

Do you have known adverse food reactions or sensitivities? ☐ Yes ☐ No
If yes, please describe: ____________________
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Do you have any food allergies/sensitivities? ☐ Yes ☐ No
If yes, please describe: ____________________
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Do you have an adverse reaction to caffeine? ☐ Yes ☐ No
When you drink caffeine, do you feel: ☐ Irritable or wired ☐ Aches and pains

Do you adversely react to (*check all that apply)*:

☐ Monosodium glutamate (MSG) ☐ Cheese ☐ Preservatives (sodium benzoate)
☐ Aspartame (Nutrasweet) ☐ Citrus foods ☐ Other: ____________________
☐ Caffeine ☐ Chocolate ____________________
☐ Bananas ☐ Alcohol ____________________
☐ Garlic ☐ Red wine ____________________
☐ Onion ☐ Sulfate containing foods (wine, dried fruit, salad bars)

Which of these significantly affect you? (*check all that apply*)
☐ Cigarette smoke ☐ Perfumes ☐ Colognes ☐ Auto exhaust fumes
☐ Other: ____________________

In your work or home environment, are you exposed to: ☐ Chemicals ☐ Electromagnetic radiation ☐ Mold

Have you ever turned yellow (jaundiced)? ☐ Yes ☐ No

Have you ever been told you have Gilbert's syndrome or a liver disorder? ☐ Yes ☐ No
If yes, please explain: ____________________
____

Do you have a known history of significant exposure to any harmful chemicals such as:
☐ Herbicides ☐ Insecticides ☐ Pesticides ☐ Organic solvents ☐ Heavy metals
☐ Other: ____________________
Chemical name, date, length of exposure: ____________________
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Do you dry clean your clothes frequently? ☐ Yes ☐ No

Do you, or have you, lived or worked in a damn/moldy environment or had other mold exposures? ☐ Yes ☐ No

Do you have any pets or farm animals? ☐ Yes ☐ No

Notes: ____________________
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