



ENVIRONMENTAL TOXIC EXPOSURE

Human adipose tissue from U.S. residents has revealed 700 chemical contaminants that have not been chemically identified while more than 80,000+ chemicals and toxins have been developed, distributed, and discarded into the environment over the past 50 years. The majority of them have not been tested for potential toxic effects in humans and some of these chemical contaminants are commonly found in the job, at home, in the outdoors, in our foods, in our air, in our water, and even in utero which contribute to human disease.*

It is never a question if you are toxic, but it is a question of how toxic?

This form is completely confidential and will help us determine your possible toxic load. To enter information, click on the gray box to type. Press "tab" to move to next gray box and save. **Please explain any "yes" answers in the space provided with the question.**

NAME:

TODAY'S DATE:

SYMPTOMS OF REDUCED CHEMICAL METABOLISM:		Y = YES N = NO	
1. Have you often had to lower the regular dose of prescription, over-the-counter medication or herbal supplements because you were too sensitive to normal doses?	<input type="checkbox"/> Y	<input type="checkbox"/> N	
2. Do you avoid caffeine in the afternoon or all together because it can keep you up at night?	<input type="checkbox"/> Y	<input type="checkbox"/> N	
3. Have you ever experienced adverse reactions to medications? If so, what happened?	<input type="checkbox"/> Y	<input type="checkbox"/> N	
4. Do you smell odors when others can't? What kinds of odors?	<input type="checkbox"/> Y	<input type="checkbox"/> N	
5. Do you have a sudden onset of symptoms (headaches, skin rashes, nausea, fatigue, shortness of breath, etc.) on exposure to chemicals, gasoline, perfumes/colognes, detergents, mold, dust, pollens, or other environmental allergens? What symptoms?	<input type="checkbox"/> Y	<input type="checkbox"/> N	
6. Please list all the chemicals that you have adverse reactions to:			

HISTORICAL EXPOSURES:

Y = YES N = NO

7. When do you last remember feeling really great?

8. Describe your residence when your illness began (type, age, carpets, heat source, paint, proximity to industry, etc.)

9. Describe your work environment when your illness began (type of building, ventilation, toxic exposure, neighboring businesses, etc.)

10. Have you ever had to change your residence or job due to health reasons?

 Y N

11. Have you ever had a known chemical injury or major exposure?

 Y N**WORKPLACE EXPOSURES:**

Y = YES N = NO

12. Have you ever been exposed to chemicals or toxic metals in the course of work or schooling? When? How long? Name them.

 Y N

13. Have you ever worked where adjacent businesses regularly used chemicals or toxic metals? When? How long? Name them.

 Y N

14. Have you ever worked in a building where the windows were always closed? When? How long?

 Y N

15. Have you ever worked where you or your co-workers complained about the air quality or smells in the workplace, or were injured in any way? When? How long?

 Y N

16. Have you ever heard about any Air Quality Incidents in your place of work? When? Describe what you heard.

 Y N

RESIDENCE:**Y = YES N = NO**

17. Have you ever lived near any heavy industries that regularly emitted waste into the air or water (i.e., golf course, dry cleaner, plant, shipyard, mine, chemical factory, dumpsite, or landfill)? What type of pollution? When? How long?

 Y N

18. Have you ever lived in a house built before 1978? How long were you there?

 Y N

19. Have you ever lived on or adjacent to an agricultural area? What kind of area was it? When? How long?

 Y N

20. Have you ever lived in a home where mold was a problem? When? How long?

 Y N

21. Have you ever lived in a home with a water leak or water damage? When? How long?

 Y N

22. Have you ever lived in a mobile home? When? How long?

 Y N

23. Have you ever lived in a home where turning on the central air or heat caused you or family members to feel sick? When? How long?

 Y N

24. Have you ever felt there were conditions in your home that affected your health (use of aerosol sprays, chemicals, cleansers, construction, painting, etc.)? When? How long?

 Y N

25. Are pesticides or herbicides used inside or outside your home?

 Y N

26. Have you ever lived near a busy highway, street or gas station? When? How long?

 Y N

27. Do you have your air ducts cleaned? When were your air ducts last cleaned?

 Y N

<p>28. Do you change your air filters? When were your air filters last changed? How frequently are they changed?</p>	<input type="checkbox"/> Y	<input type="checkbox"/> N
<p>29. Is your stove gas or electric? Is your furnace gas or electric? Is your water heater gas or electric?</p>		
<p>30. Do you wear dry cleaned clothing? If yes, how frequently and in which room are they stored?</p>	<input type="checkbox"/> Y	<input type="checkbox"/> N
<p>31. Are there animals in your home? If yes, how many?</p>	<input type="checkbox"/> Y	<input type="checkbox"/> N
<p>32. Do you have air purifiers or water filters in your home? If so, what kind?</p>	<input type="checkbox"/> Y	<input type="checkbox"/> N
<p>33. Do you heat food in a microwave? If so, what type of containers do you use?</p>	<input type="checkbox"/> Y	<input type="checkbox"/> N
<p>34. Do you have candles in your home?</p>	<input type="checkbox"/> Y	<input type="checkbox"/> N

LIFESTYLE: (Note: To answer when, write in the start and stop dates of use – i.e., 2/95-now, or '99-'01)	Y = YES N = NO	
<p>35. Do you regularly get hair coloring, permanents or visit a beauty salon?</p>	<input type="checkbox"/> Y	<input type="checkbox"/> N
<p>36. Have you ever had acrylic fingernails or been in a beauty shop where acrylic nails are done? If so, when?</p>	<input type="checkbox"/> Y	<input type="checkbox"/> N
<p>37. Have you ever used scented soaps, detergents, potpourri, perfumes, etc.? Do you still?</p>	<input type="checkbox"/> Y	<input type="checkbox"/> N

38. Have you ever used fabric softener? Do you still?	<input type="checkbox"/> Y	<input type="checkbox"/> N
39. Have you ever used plastic tupper-ware? Do you still?	<input type="checkbox"/> Y	<input type="checkbox"/> N
40. Have you ever used air refreshers? Do you still?	<input type="checkbox"/> Y	<input type="checkbox"/> N
41. Have you ever used aluminum pans? Do you still?	<input type="checkbox"/> Y	<input type="checkbox"/> N
42. Have you ever used butter/margarine? Do you still?	<input type="checkbox"/> Y	<input type="checkbox"/> N
43. Have you ever used recreational drugs? If so, when and what compounds?	<input type="checkbox"/> Y	<input type="checkbox"/> N
44. Have you ever lived with animals that received treatment for fleas or ticks? If so, when?	<input type="checkbox"/> Y	<input type="checkbox"/> N
45. Have you ever lived in a home with new carpet, new furniture, and new construction? If so, when?	<input type="checkbox"/> Y	<input type="checkbox"/> N
46. Have you ever lived on or near a golf course or other area where heavy pesticides and herbicides are used regularly? If so, when?	<input type="checkbox"/> Y	<input type="checkbox"/> N
47. Have you ever regularly worked with chemicals in any hobby (i.e., solvents, paints, stains, cleaners, etc.)? If so, when?	<input type="checkbox"/> Y	<input type="checkbox"/> N
48. Have you ever had amalgams (silver fillings) put in your teeth? If so, when?	<input type="checkbox"/> Y	<input type="checkbox"/> N

49. Do you still have silver fillings in your mouth? If yes, how many and how long have they been in your mouth?	<input type="checkbox"/> Y	<input type="checkbox"/> N
50. Have you ever had root canals, implants, or bridgework done on your teeth? If so, when?	<input type="checkbox"/> Y	<input type="checkbox"/> N
51. Have you ever had any implants (stainless steel, Teflon, silicone, etc.) put into your body? If so, when and what kind of implants?	<input type="checkbox"/> Y	<input type="checkbox"/> N
52. Have you ever been given vaccinations? If so, when? (If you received all childhood vaccinations, write "all".)	<input type="checkbox"/> Y	<input type="checkbox"/> N
53. Have you ever had reactions to any vaccinations? If so, what and when?	<input type="checkbox"/> Y	<input type="checkbox"/> N
54. Have you ever smoked? If so, for how long?	<input type="checkbox"/> Y	<input type="checkbox"/> N
55. Have you ever lived with others that smoked? If so, for how long and how old were you?	<input type="checkbox"/> Y	<input type="checkbox"/> N
56. How often do you eat fish? What types of fish do you eat?	<input type="checkbox"/> Y	<input type="checkbox"/> N
57. How often do you eat chicken? What type (organic, natural, regular)?	<input type="checkbox"/> Y	<input type="checkbox"/> N

ENVIRONMENTAL TOXIC EXPOSURE / RESIDENCE HISTORY

Fill in the table below listing all residences in which you have lived. Start with the present and go back as far as you can remember. Ask family members and parents, if alive, for additional information. In the **Known Exposures** column write the words in bold from the descriptions (at the bottom of page) when they apply.

Residence Location (City, County, State)	Dates From - To (Mo. & yr.)	City? Suburb? Rural?	Car Traffic (hi – med – lo)	Age of Home at the Time	Known Exposures (choose from the list below)	Did you have to move out for health reasons? If so, why?
ZIP CODE:						<input type="checkbox"/> Y <input type="checkbox"/> N
ZIP CODE:						<input type="checkbox"/> Y <input type="checkbox"/> N
ZIP CODE:						<input type="checkbox"/> Y <input type="checkbox"/> N
ZIP CODE:						<input type="checkbox"/> Y <input type="checkbox"/> N
ZIP CODE:						<input type="checkbox"/> Y <input type="checkbox"/> N

<ul style="list-style-type: none"> Lead pipes or paint Commercial business nearby – write in the type of industry or business name Frequent use of mothballs Dry cleaned clothes kept in bedroom closet Pets sprayed, dipped or collared for bugs Use of air fresheners (specify by brand) Regular use of chemicals (i.e., paints, cleaners; think of hobbies in each location) Asbestos 	<ul style="list-style-type: none"> Unfinished pressure treated lumber (outdoor play sets, decking, patio furniture) Pesticide/herbicide use – yours or your neighbors - lawns, house bugs, gardens Family members bringing home contaminants on clothes Major power lines over or near the home Attached garage Storage of gasoline, solvents, etc., in garage Oil tank in garage 	<ul style="list-style-type: none"> Tobacco smoke (you or someone in house smoked) New construction, remodeling Mobile Home New furniture, and/or carpets Waterbed Mold Gas or oil heat Gas stove, woodstove, fireplace Furnace ducts or filter, not cleaned at least yearly
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ENVIRONMENTAL TOXIC EXPOSURE / OCCUPATIONAL HISTORY

Fill in the table below listing all jobs at which you have worked, including short-term, seasonal, and part-time employment. Start with your present job and go back to the first. *Use additional pages if necessary.*

Workplace (name, city, county, state)	Dates wor From - To (mo. & yr.)	Full time Yes/No	Type of Industry (Describe)	Describe your job duties	Known health hazards in workplace (i.e., dusts/solvents)	Protective equipment used	Leave work for health problem or injury?
ZIP CODE:		<input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Y <input type="checkbox"/> N
ZIP CODE:		<input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Y <input type="checkbox"/> N
ZIP CODE:		<input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Y <input type="checkbox"/> N
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ZIP CODE:		<input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Y <input type="checkbox"/> N
ZIP CODE:		<input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Y <input type="checkbox"/> N



**Thank you very much for taking the time to complete this thorough form.
It will greatly assist in the formulation of an individualized protocol specific to your healthcare needs**

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- Onstot, J. et al., "Characterization of HRCG/MS unidentified peaks from the analysis of human adipose tissue." Vol 1. Technical Approach, US EPA Office of Toxic Substances (560/8-87-002a); 1987
- Second national report of human exposure to environmental chemicals. CDC. Washington DC. NCEH Pub. No. 03-0022, January 2003.
www.cdc.gov/exposurereport