

# Mercury Toxicity

Patient's name : \_\_\_\_\_

1. Do you have mercury / silver fillings? ☐ Yes ☐ No      How many? \_\_\_\_\_      Since when? \_\_\_\_\_
2. Have any of your mercury / silver fillings been replaced? ☐ Yes ☐ No      With what? \_\_\_\_\_      When? \_\_\_\_\_
3. Were your fillings removed using a rubber dam? ☐ Yes ☐ No      Clean-up device? ☐      Alternate breathing source? ☐
4. Did you have mercury / silver fillings in your baby teeth? ☐ Yes ☐ No      How many? \_\_\_\_\_
5. Did you have all of your childhood vaccines? ☐ Yes ☐ No      Do you currently take the flu vaccine? ☐ Yes ☐ No      How often? \_\_\_\_\_  
Any other boosters? \_\_\_\_\_      When? \_\_\_\_\_
6. Where did you grow up? (City / State) : \_\_\_\_\_
7. Were you on or near farms? ☐ Yes ☐ No      Herbicides / Pesticides / Insecticides : \_\_\_\_\_
8. Were you near large industry? ☐ Yes ☐ No      Chemical plants? ☐      Processing plants? ☐
9. What are all the jobs you have held? \_\_\_\_\_  
\_\_\_\_\_
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? ☐ Yes ☐ No
12. Did you ever play or work in apple, peach, citrus or other orchards? ☐ Yes ☐ No
13. Where you ever diagnosed with mercury or heavy metal toxicity? ☐ Yes ☐ No      When? \_\_\_\_\_
14. How was the diagnosis made? \_\_\_\_\_      Are there lab reports? (please provide copy) ☐ Yes ☐ No
15. Have you been doing any detoxification? ☐ Yes ☐ No      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? ☐ Yes ☐ No      What? \_\_\_\_\_
17. Who diagnosed your disease now thought to be related to heavy metal toxicity? \_\_\_\_\_  
\_\_\_\_\_  
  
Are you still seeing that provider? ☐ Yes ☐ No      Are they supportive of alternative care? ☐ Yes ☐ No      Do they know you are here? ☐ Yes ☐ No
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? \_\_\_\_\_  
\_\_\_\_\_