

Toxicity Assessment Form

Name:	Date:
Type of Detoxification Modality: IonCleanse by AMD	

Directions

- 1) Complete this form before beginning your detoxification modality.
- 2) Complete a new form in ____ # of days (30, 60, etc.) *
 *Do not review your initial form before to completing your subsequent Quantitative Evaluation form.
- 3) Then compare your initial Quantitative Evaluation score to subsequent scores.

Quantitative Evaluation

Score: Rate the next questions on a scale of 1 – 10. 10 being severe/chronic problems

Frequency: Never = 0; Rarely = 1; Sometimes/Circumstantial = 2; Almost Always = 3

Emotional/Mental	Score	Freq.	Physical	Score	Freq.
Stress			Joint pain		
Depression			Inflammation		
Anxiety			Constipation		
Aggression			Diarrhea		
Irritability or Anger			Numbness		
Fatigue			Poor circulation		
Foggy brain			Gout		
Problems sleeping			Body odor		
Memory problems			Congestion		
Difficulty focusing			Acne/skin blemishes/liver spots		
Additional conditions/symptoms not listed above			Additional conditions/symptoms not listed above		
Total Score Emotional/Mental		-----	Total Score Physical		-----

Total Score (Emotional/Mental + Physical)	
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