

# 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		
<b>Total Score Emotional/Mental</b>		-----		<b>Total Score Physical</b>		-----

<b>Total Score (Emotional/Mental + Physical)</b>	
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Note: Please fill out this form and either Save/Email to [pauline@integratedbodyhealth.com](mailto:pauline@integratedbodyhealth.com)  
or Print It and bring with you to your appointment.