



## Client Intake Form: Toxin Exposure Questionnaire

**Purpose:** *This questionnaire helps identify potential sources of toxin exposure in your daily life. Please answer honestly to gain insights into areas that may need attention to reduce toxin exposure and promote overall health.*

### Client Information

- **Name:**
- **Date:**
- **Age:**
- **Gender:**
- **Height:**
- **Weight:**
- **Occupation:**

### Environmental Toxin Exposure

1. Do you live or work near industrial areas, factories, or highways?
  - () Yes
  - () No
2. Are you frequently exposed to second-hand smoke, e-cigarette vapor, or air pollutants?
  - () Yes
  - () No
3. Do you use air purifiers or ensure proper ventilation in your home?
  - () Yes
  - () No

4. Have you noticed mold or water damage in your living or working environment?
  - () Yes
  - () No
5. Are pesticides, herbicides, or fertilizers used in your home or garden?
  - () Yes
  - () No

### **Dietary Toxin Exposure**

6. Do you consume conventionally grown produce (non-organic) regularly?
  - () Yes
  - () No
7. How often do you eat processed or packaged foods?
  - () Never
  - () Occasionally
  - () Frequently
8. Do you consume fish or seafood that may be high in mercury (e.g., tuna, swordfish)?
  - () Never
  - () Occasionally
  - () Frequently
9. Do you use non-stick cookware (e.g., Teflon pans)?
  - () Yes
  - () No

10. Do you drink tap water or use a water filter?

- Tap water
- Filtered water

### **Household Toxin Exposure**

11. Do you use cleaning products containing strong chemicals or artificial fragrances?

- Yes
- No

12. Do you use air fresheners, scented candles, or plug-in air deodorizers?

- Yes
- No

13. Are your personal care products (e.g., shampoo, lotion, makeup) free from parabens, phthalates, and synthetic fragrances?

- Yes
- No

14. Do you use laundry detergents or fabric softeners with artificial fragrances?

- Yes
- No

### **Workplace & Lifestyle Toxin Exposure**

15. Are you exposed to toxic substances (e.g., solvents, paints, heavy metals) in your workplace?

- Yes
- No

16. Do you have frequent contact with plastics (e.g., food containers, bottles, wraps)?
- Yes
  - No
17. How often do you drink beverages from aluminum cans or plastic bottles?
- Never
  - Occasionally
  - Frequently
18. Are you regularly exposed to electromagnetic fields (EMFs) from devices (e.g., phones, Wi-Fi routers)?
- Yes
  - No

### **Medical & Pharmaceutical Toxin Exposure**

19. Do you take prescription or over-the-counter medications regularly?
- Yes
  - No
20. Have you had recent vaccinations or treatments involving heavy metals (e.g., mercury-based dental fillings)?
- Yes
  - No
21. Have you undergone treatments that use chemicals (e.g., chemotherapy, hormone therapy)?
- Yes
  - No

## **Reflection Questions**

1. Which areas of your life seem to involve the most exposure to potential toxins?
2. Are there steps you can take to reduce or eliminate these exposures?
3. Would you like recommendations for cleaner alternatives or detoxification strategies?

## **Additional Notes**

Please share any additional information you feel is important regarding your emotional health, lifestyle, or recent experiences: