

True Cellular Detox™ Neurotoxic Questionnaire

First Name: _____

Date: _____

Last Name: _____

Current Age: _____

Address: _____

Gender: _____

City: _____

Height: _____

State/Zip: _____

Weight: _____

Email: _____

Name of Practitioner: _____

Phone: _____

Rate each of the following symptoms to the best of your ability based upon your typical health profile over the last year.

If you cannot answer a question, simply leave it blank.

POINT SCALE:

0 = Never had symptom, 1 = Occasionally have it, mild effect, 2 = Occasionally have it, severe effect,
 3 = Frequently have it, mild effect, 4 = Frequently have it, severe effect

Section 1	NOT SEVERE					VERY SEVERE
Anxiety	0	1	2	3	4	
Mood swings	0	1	2	3	4	
Enraged behavior or anger	0	1	2	3	4	
Excessive shyness, timidity, social phobia (not typical to your personality)	0	1	2	3	4	
Irritability (not typical to your personality)	0	1	2	3	4	
Low body temperature (below 97.3 F)	0	1	2	3	4	
Insomnia (can't get to sleep or return to sleep)	0	1	2	3	4	
Dizziness	0	1	2	3	4	
Sound in ears (ringing or hearing your heart beat)	0	1	2	3	4	
Psychological symptoms, even thoughts of suicide	0	1	2	3	4	
Sensitivity to sound	0	1	2	3	4	

Section 1 total: _____

Section 2	NOT SEVERE					VERY SEVERE
Indecisiveness	0	1	2	3	4	
Feeling of being overwhelmed or fearful	0	1	2	3	4	
Metallic taste in your mouth	0	1	2	3	4	
Bad breath	0	1	2	3	4	
Bleeding gums	0	1	2	3	4	
Sensitive teeth	0	1	2	3	4	
Canker sores or other sores in the mouth	0	1	2	3	4	
Floaters, shadows or swimmers when you read or look into the sky	0	1	2	3	4	
Dyslexia or loss of place while reading, even as a child	0	1	2	3	4	
Swelling eyelids	0	1	2	3	4	
Peeling on the top layer of skin (hands, feet)	0	1	2	3	4	
Dry skin	0	1	2	3	4	
Heart pain (angina) and you are under 45 years old	0	1	2	3	4	
Depression	0	1	2	3	4	
Gout (arthritic pain, especially in big toes)	0	1	2	3	4	
Pain in shoulders or upper back	0	1	2	3	4	
Twitching eyelids	0	1	2	3	4	
Anemia	0	1	2	3	4	
Wrist/ankle drop or weak extensor muscles	0	1	2	3	4	
Hair falls out (not normal male pattern baldness)	0	1	2	3	4	

Section 2 total: _____

Section 3:	NOT SEVERE					VERY SEVERE
Sensitivity to light	0	1	2	3	4	
Fatigue after exercising (feeling worse)	0	1	2	3	4	
Bad night vision or seeing halos around lights	0	1	2	3	4	
Shortness of breath, with very little effort	0	1	2	3	4	
Excessive thirst and/or frequent urination	0	1	2	3	4	
Red eyes or tearing	0	1	2	3	4	
Blurred vision at times	0	1	2	3	4	
Morning stiffness	0	1	2	3	4	
Sensitivity to smells (chemicals such as petrochemicals, perfumes, air fresheners)	0	1	2	3	4	
Chronic fatigue or weakness	0	1	2	3	4	
Non-restful sleep	0	1	2	3	4	
Section 3 total: _____						

Section 4	NOT SEVERE					VERY SEVERE
Receive static shock more often & with more dramatic effect than normal	0	1	2	3	4	
Trouble processing new information	0	1	2	3	4	
Word reversal or trouble finding words	0	1	2	3	4	
Sensitivity to touch	0	1	2	3	4	
Short-term memory loss	0	1	2	3	4	
Chronic sinus congestion	0	1	2	3	4	
Dry non-productive cough	0	1	2	3	4	
Muscle twitching	0	1	2	3	4	
Excessive sweating, especially at night	0	1	2	3	4	

Section 4 cont...	NOT SEVERE					VERY SEVERE				
Joint pain - not necessarily true arthritis - can move from joint to joint	0	1	2	3	4	0	1	2	3	4
Difficulty losing weight regardless of diet or exercise	0	1	2	3	4	0	1	2	3	4
Persistent fungal or viral infection, including athlete's foot, warts, jock itch, candida	0	1	2	3	4	0	1	2	3	4
Frequent illness, prolonged illness or sick days	0	1	2	3	4	0	1	2	3	4
Numbness or weakness in arms and legs	0	1	2	3	4	0	1	2	3	4
Headaches	0	1	2	3	4	0	1	2	3	4
Trouble adding or dividing numbers in your head	0	1	2	3	4	0	1	2	3	4
Fluctuating constipation and diarrhea	0	1	2	3	4	0	1	2	3	4
Stomach pain for no apparent reason	0	1	2	3	4	0	1	2	3	4
Appetite swings	0	1	2	3	4	0	1	2	3	4
Frequent muscle aches, cramps, unusual sharp sudden pains	0	1	2	3	4	0	1	2	3	4
Rashes or rosacea	0	1	2	3	4	0	1	2	3	4
Cold extremities (hands and feet)	0	1	2	3	4	0	1	2	3	4

Section 4 total: _____

POINT SCALE TOTAL: _____

Scoring over 100: Severely neurotoxic; this patient is positive for neurotoxicity and undoubtedly needs TCD and will need to complete many brain phases to detox.

Scoring: 50-100: Moderate neurotoxicity; this patient is positive for neurotoxicity and needs TCD to decrease symptoms and improve overall health.

Less than 50: less toxic; this patient should still do TCD to increase vitality due to the ubiquitous neurotoxins in our modern world.

Remember, the most important part is to observe whether the patient is improving or not, returning to the initial health goals at each appointment, along with retaking the other tests (meta-oxy, VCS) every 30 days as well. Don't get too caught up in the specific symptomology but look at the trends and observe their overall detox progress results.