

## MERCURY QUESTIONNAIRE

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Have you had sore gums (gingivitis) often over the years? No \_\_\_ Yes \_\_\_\_\_

Have you had mental symptoms such as confusion, forgetfulness? No \_\_\_ Yes \_\_\_\_\_

Has depression been a frequent problem? No \_\_\_ Yes \_\_\_\_\_

Are you on antidepressants now or have you been in the past? No \_\_\_ Yes \_\_\_\_\_

Has ringing in the ears (tinnitus) been present? No \_\_\_ Yes \_\_\_\_\_

Have TMJ (temporal mandibular joint) problems? No \_\_\_ Yes \_\_\_\_\_

Do you have shakiness (tremors) of your hands or arms or twitching of muscles? No \_\_\_ Yes \_\_\_\_\_

Do you have "brown spots" or "age spots" under your eyes or elsewhere on your body? No \_\_\_ Yes \_\_\_\_\_

Do you tend to have more colds, flu & other infections, more than "normal"? No \_\_\_ Yes \_\_\_\_\_

Have you had food allergies or intolerances? No \_\_\_ Yes \_\_\_\_\_

Have you been to many doctors who said: "There is nothing wrong"? No \_\_\_ Yes \_\_\_\_\_

Do you have numbness or burning sensations in your mouth or gums? No \_\_\_ Yes \_\_\_\_\_

Do you have numbness or unexplained tingling in your arms or legs? No \_\_\_ Yes \_\_\_\_\_

Have you developed difficulty in walking (ataxia) over the years? No \_\_\_ Yes \_\_\_\_\_

Do you have 1 or more "silver" fillings? No \_\_\_ Yes \_\_\_\_\_

Do you often have a "metallic" taste in your mouth? No \_\_\_ Yes \_\_\_\_\_

Have you ever worked as a painter or in manufacturing/chemical or pesticide/fungicide factories or in pulp/paper mills that used mercury? No \_\_\_ Yes \_\_\_\_\_

Have you worked as a dentist, hygienist, or dental assistant? No \_\_\_ Yes \_\_\_\_\_

Any history of Candida or Yeast infections (vagina, mouth, or GI tract)? No \_\_\_ Yes \_\_\_\_\_

Do you have a lot of bad breath (halitosis) or white tongue (thrush)? No \_\_\_ Yes \_\_\_\_\_

Do you have low basal axillary temperature (below 97.4 degrees F.)? No \_\_\_ Yes \_\_\_\_\_

Do you have problems with constipation? Any mucus in your stools? No \_\_\_ Yes \_\_\_\_\_

Do you have heart irregularities or rapid pulse (tachycardia)? No \_\_\_ Yes \_\_\_\_\_

Do you have unexplained arthritis in various joints? No \_\_\_ Yes \_\_\_\_\_

Do you have unidentified chest pains with normal EKG, X-ray & heart studies? No \_\_\_ Yes \_\_\_\_\_

Is your sleep poor or do you have frequent insomnia? No \_\_\_ Yes \_\_\_\_\_

History of frequent kidney infections or do you have significant kidney problems? No \_\_\_ Yes \_\_\_\_\_

Are you extremely fatigued much of the time with low energy? No \_\_\_ Yes \_\_\_\_\_

Do you have irritability or dramatic changes in behavior? No \_\_\_ Yes \_\_\_\_\_

**If you answer 10 or more Yes, consider getting tested for Mercury Toxicity**