Healthy Living and Longevity Medical Center

Function Higher—Physically, Mentally, Sexually®

649 U.S. Highway One, Suite 1, North Palm Beach, FL 33408
Telephone (561)842-7422 ~ hllmc.com ~ Facsimile (561) 842-0848

Patient Name: _____ Date: ____/___/_____

Toxic Metals & Environmental Toxins Symptom Evaluation

Listed on the following pages are symptoms often found in patients who have absorbed excessive amounts of heavy metals and/or environmental toxins. These poisonous metals and chemicals are found in modern environments. Even if you have many of the symptoms below, you may not be heavy metal toxic or have environmental toxins. There may be other causes.

Directions: Check all that apply.

1. Signs, symptoms and disorders:

☐ Abdominal cramps	☐ Fingers or toes turn pale then blue	☐ Multiple chemical sensitivities, ie.: chemicals odors, medicines,nutritional supplements
☐ Allergies, asthma	☐ Fluid retention	☐ Muscle aching and weakness
☐ ALS (amyotrophic lateral sclerosis)	☐ Food allergies or sensitivities	☐ Muscle twitching
☐ Anemia	☐ Frequent urination at night	☐ Muscle weakness
☐ Anxiety , irritability, or depression	☐ Headaches, frequent or migraine type	☐ Nausea or vomiting
☐ Arthritis	☐ Hearing loss, hearing difficulties	☐ Nervousness or jittery
☐ Attention Deficit Disorder-ADD/ADHD	☐ Heart problems	☐ Neuropathy

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☐ Auto-immune disease	☐ High blood pressure*	☐ Numbness in the hands, arms, feet, or legs
☐ Bad breath, 'garlic breath'	☐ Increased heart rate	☐ Numbness or burning in mouth or gums
☐ Birth defects	☐ Infertility	☐ Osteoporosis
☐ Bloating	☐ Infertility, poor sperm motility, or count	☐ Pale face or pale eyes
☐ Blurred vision or loss of vision	☐ Inflammation of the lining of the nose	☐ Paralysis
☐ Brown spots or age spots on skin	☐ Insomnia	☐ Pins and needles and nerve pain
☐ Burning of throat	☐ Irregular heart beat, arrhythmia	☐ Poor memory or memory lapses
☐ Burning pain (especially at night)	☐ Irritability	☐ Problems walking or balancing
☐ Cancer (particularly lung or skin)	☐ Irritable bowel/ colitis	☐ Protein in urine
☐ Chest pain	☐ Itching a lot	☐ Psoriasis
☐ Chronic diarrhea	☐ Joint pain	☐ PVC's (cardiac arrhythmia caused by Raynaud's Syndrome (fingers or toes)
☐ Chronic fatigue, lack of energy	☐ Kidney problems	☐ Recurrent headaches
☐ Chronic headaches	☐ Learning disorders	☐ Recurrent infections
☐ Cold, clammy skin, especially hands or feet	☐ Leg cramps, frequently	☐ Ringing in the ears (tinnitus)
☐ Concentration difficulty	☐ Leucopenia	☐ Rocking movements

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☐ Confusion or forgetfulness	☐ Liver damage (diagnosed)	☐ Scleroderma
☐ Congestive heart failure	☐ Loss of appetite	☐ Shaking or tremors
☐ Constipation, chronic	☐ Loss of sense of smell	☐ Shyness or timidity
☐ Difficulty talking	☐ Low blood pressure*	☐ Skin rashes
☐ Difficulty walking	☐ Lowered libido (less sex drive)	☐ Sleeping problems
☐ Emotional instability	☐ Lowered sperm production	☐ Sore gums (gingivitis)
☐ Emphysema	☐ Lung irritation	☐ Stomach problems
☐ Exaggerated response to stimulation	☐ Lupus	☐ Tearing (eyes watering)
☐ Excessive salivation	☐ Many health problems, but "they say they can't find anything wrong"	☐ Thirsty a lot
☐ Excessive sweating	☐ Metallic taste in mouth	☐ Thyroid problems
☐ Eye irritation	☐ Miscarriage	☐ Tingling or pricking sensations
☐ Feeling cold when others don't	☐ Mood swings	☐ TMJ (temporal mandibular joint) disorder
☐ Fibromyalgia	☐ More colds or flu's or infections than you think is normal	☐ White tongue or thrush

*high or low blood pressure problems are sometimes related to different metals.

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2. Have you worked in a 'sick building'? ___YES ___NO. If **yes**, do you have these symptoms?

☐ Congestion	☐ Headaches	☐ 'Scratchy throat'
☐ Decreased Attention Span	☐ 'Itchy Eyes'	☐ When you leave home or building the symptoms improve
☐ Fatigue	☐ Nausea	

3. Have you experienced increased respiratory tract infections?

☐ Colds	☐ Pneumonia	☐ Sore Throats
☐ Ear Infections	☐ Sinus Infection	

4. Do you have these symptoms from sensitization and recurrent exposure to inhaled particles?

☐ Appetite Loss	☐ Fatigue	☐ Weight Loss
☐ Dry Cough	☐ Shortness of Breath	

5. Mold exposure in home or office ☐ Yes ☐ No. If **yes**, do you have these symptoms?

☐ Chills	☐ Fatigue	☐ Nasal stuffiness
☐ Confusion	☐ Fever	☐ Respiratory problems
☐ Cough	☐ Headache	☐ Sleep disorders
☐ Depression	☐ Irritability	☐ Wheezing
☐ Eye and / or skin irritation	☐ Muscular aches	

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6. Related to chronic exposure to Mycotoxins (products from Mold), do you have:

☐ Depression	☐ Immune Suppression	☐ Neurologic Disorders
☐ Hormone issues: Thyroid or Estrogen	☐ Kidney problems	☐ New Cancer Diagnosis

7. Have you ever worked in manufacturing or fabricating of:

☐ Batteries	☐ Hot-type printing	☐ Plastics
☐ Electronics	☐ Metals	☐ Rubber
☐ Fiberglass	☐ Paper	☐ Textiles
☐ Glass ceramics	☐ Petroleum	

8. Have you been significantly exposed to:

☐ Alloys	☐ Fungicides	☐ Rodent killing chemicals
☐ Batteries	☐ Herbicides	☐ Wood preservatives
☐ Dyes	☐ Paints and thinners	
☐ Fertilizers	☐ Pesticides	

9. Have you done:

☐ Chemical processing	☐ Health service maintenance	☐ Metal smelting (copper, lead, manganese, zinc, etc.)
☐ Electroplating	☐ Leather tanning	☐ Photographic dark room work
☐ Fireworks	☐ Metal cutting	☐ Soldering, welding

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10. Have you ever lived or worked in or near a:

☐ Apple or peach orchard	☐ Coal-burning power plant	☐ Mercury mine
☐ Chloralkali plant	☐ Golf course	☐ Nickel refinery

11. Have you ever had Candida-related complex or yeast infections?

    Candida-related complex is a cluster of symptoms which include:

☐ "Brain Fog"	☐ Fatigue/lethargy	☐ Irritability
☐ Constipation/diarrhea	☐ Food intolerances	☐ Weight loss
☐ Depression	☐ Indigestion, bloating	

12. Have you ever had silver fillings in your teeth? ☐ Yes ☐ No

13. Have you ever worked in a dental office? ☐ Yes ☐ No

14. Do you take mineral supplements? ☐ Yes ☐ No

15. Do you use traditional or herbal medicines? ☐ Yes ☐ No

16. Do you eat seafood more than three times a month? ☐ Yes ☐ No

17. Do you smoke cigarettes? ☐ Yes ☐ No

    Smoke now about ____ packs a ☐ day or ☐ week.

    Have you quit? ☐ Yes (when)_____

    If you smoked, how long? _____ About ___ packs a ☐ day ☐ week

    Other tobacco use: ☐ pipe ☐ cigar ☐ snuff ☐ chew.

18. Are you exposed to second-hand smoke? ☐ Yes ☐ No

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19. Have you built a deck or other structure using pressure-treated lumber manufactured before 2003? ☐ Yes ☐ No

20. Do you get your water from a well? ☐ Yes ☐ No

21. Do you have old water pipes in your house? ☐ Yes ☐ No

22. Have you lived in a house built before 1978? ☐ Yes ☐ No

23. Have you ever renovated an old house? ☐ Yes ☐ No

24. Tell us about your Relative's Health

Has a blood relative had any of the following? (If Yes, show exact relationship: Your mother, father, sister, brother; your mother's mother, father, sister, brother, etc. If a person is adopted, please note that).

Disease or Illness: Relationship:

☐ Alzheimer's Disease/ dementia Relationship _____	☐ Cancer Relationship _____	☐ Mental problems Relationship _____
☐ Autism spectrum disorder Relationship _____	☐ Cardiovascular disease Relationship _____	☐ Parkinson's disease Relationship _____

25. Does your child have problems with intelligence, concentration, or language development? ☐ Yes ☐ No

26. I have "silver" dental fillings (amalgams) in my mouth. ☐ Yes ☐ No

27. I had amalgams but all are gone now, or were safely replaced with non-amalgams using International Academy of Oral Medicine & Toxicology standards. ☐ Yes ☐ No

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28. I had amalgams but all are gone now but were NOT replaced with safe dental techniques. ☐ Yes ☐ No

29. I had gold or nickel dental restorations at the same time as amalgams. ☐ Yes ☐ No

30. I have "Brain fog", where your thinking feels fuzzy and unfocused. ☐ Yes ☐ No

31. Tired nearly ALL the time – Chronic Fatigue Syndrome. ☐ Yes ☐ No

32. Cardiac (heart) problems such as arrhythmia (irregular heartbeat), congestive heart failure or angina? ☐ Yes ☐ No

33. Shortness of breath? ☐ Yes ☐ No

34. Autoimmune diseases such as Lupus, Fibromyalgia, Rheumatoid Arthritis? ☐ Yes ☐ No

35. Numbness, tingling, or paresthesia (burning, prickling, itching, with no apparent physical cause) of the skin or extremities? ☐ Yes ☐ No

36. Muscle twitching, tremors, balance problems, or restless leg syndrome? ☐ Yes ☐ No

37. Vision defects that are not explained by aging or correctable with eyeglasses? ☐ Yes ☐ No

38. Multiple Sclerosis, A.L.S. (Lou Gehrig's disease), Parkinson's disease? ☐ Yes ☐ No

39. Other chronic neurodegenerative disease? ☐ Yes ☐ No

40. Fear and/or panic attacks? ☐ Yes ☐ No

41. Depression or long periods of sadness and lack of joy and humor? ☐ Yes ☐ No

42. Lack of confidence? ☐ Yes ☐ No

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43. Rage or uncontrollable anger? ☐ Yes ☐ No

44. Schizophrenia? ☐ Yes ☐ No

45. Do you have low immune system issues such as recurring infections, HIV, or similar?

    ☐ Yes ☐ No

46. Been employed or worked in the Dental field (e.g. Dentist, Dental Assistant, etc.)?

    ☐ Yes ☐ No

47. Been exposed to mercury or its vapor through your work? ☐ Yes ☐ No

48. Lived near a coal-fired power plant? ☐ Yes ☐ No

49. Had seafood as a regular part of your diet (e.g., sushi, canned tuna, fresh tuna,

    swordfish, shark, kingfish)? ☐ Yes ☐ No

50. Gained weight without good reason? ☐ Yes ☐ No

51. Cold hands/feet, get cold easily, and/or dislike cold weather or air conditioning?

    ☐ Yes ☐ No

52. Lack of libido or poor sex drive or appetite? ☐ Yes ☐ No

53. Been told or suspected that you have a low thyroid condition? ☐ Yes ☐ No