

PLEASE ANSWER THE FOLLOWING QUESTIONS BY ✓ THE MOST APPROPRIATE ANSWER.

	YES	NO
1. Have you been treated with antibiotics?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever had problems with yeast infections?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you eat or crave a lot of sweet foods?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have a problem with food allergies?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you suffered from any food poisoning?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you or have you consumed alcohol on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever taken the drugs Tagamet or Zantac?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you take aspirin, panadeine or other pain killers?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you take any other types of drugs regularly?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you often in contact with organic chemicals? (i.e. insecticides, herbicides, petro chemicals etc)?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you react to strong perfumes, car exhaust, etc?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you or have you ever smoked or used tobacco products?	<input type="checkbox"/>	<input type="checkbox"/>
13. Are you exposed to passive cigarette smoke?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you consume beverages/food containing caffeine?	<input type="checkbox"/>	<input type="checkbox"/>

## LIVER DETOXIFICATION TEST (LDT) SCREENING QUESTIONS

A certain percentage of patients will experience adverse reactions during the LDT. These reactions include, but are not limited to: shakiness, headaches, nausea, palpitations, light-headedness and sweating. The following questions will help isolate those patients who may experience these types of reactions.

A. Do you react when you consume caffeine-containing beverages or food?

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B. Are you sensitive to food additives such as M.S.G.? \_\_\_\_\_

C. Do you have a history of liver problems? If yes please describe the type of problem:

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D. Are you currently taking any drugs? If yes, list below:

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