

DETOX INTAKE SHEET

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL _____

EMAIL ADDRESS _____

AGE _____ HEIGHT _____ WEIGHT _____

OCCUPATION _____

How did you hear about the Detox?

What is the primary reason(s) for your interest in the Detoxification Program?

What are your most important Health concerns at this time?

Please list any drugs/medications/supplements which you are presently using and why.