

# DETOXIFICATION PROGRAM PATIENT EVALUATION FORM

What was the primary reason you enrolled in this Detox program?

---

---

---

On a scale of 1 (least successful) to 10 (most successful) How would you rate the achievement of your primary goal? \_\_\_\_\_

On the same 1 to 10 scale, how would you rate your overall Detox experience? \_\_\_\_\_

On the same 1 to 10 scale, how would you rate the quality of materials? \_\_\_\_\_  
Instruction? \_\_\_\_\_, support \_\_\_\_\_

Would you repeat this program in the future? \_\_\_\_\_

Can you recommend 1 to 3 people whom we could call, that you think would be enthusiastic about getting information, or participating in a future program? (We would like permission to use your name as a referral)

Name \_\_\_\_\_ phone # \_\_\_\_\_

Name \_\_\_\_\_ phone # \_\_\_\_\_

Name \_\_\_\_\_ phone# \_\_\_\_\_

Would you like to get more information about a comprehensive metabolic profile test that could help you to achieve optimal health (yes) \_\_\_\_\_ (no) \_\_\_\_\_