

## PATIENT QUESTIONNAIRE for DENTAL AMALGAM TOXICITY ASSESSMENT

PATIENT ID:

Charlotte de Courcey-Bayley and her team would like to welcome you to St Leonards Holistic Dental Care.

To assist us in providing you with the best possible treatment and standard of care, we ask that you complete this confidential medical history questionnaire.



This questionnaire is part of a 1996 US FDA approved study called an Institutional Review Board (IRB) to assess how body burden of mercury is determined, toxicity levels etc. It will serve as a warning/alert to clinicians when patients have scores of 'yes' in five or more of the questions. It is recommended that such patients be referred to dentists with special knowledge of safe mercury amalgam removal and replacement.

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|-----|--|-----|----|
| 1.  | Have you had mental symptoms such as confusion, forgetfulness?   | yes | no |
| 2.  | Has severe depression been a frequent problem?   | yes | no |
| 3.  | Has ringing in the ears (tinnitus) been present?   | yes | no |
| 4.  | Have you had unusual shakiness (tremors) of your hands or arms or twitching of other muscles?  | yes | no |
| 5.  | Do you have 'brown spots' or 'age spots' under your eyes or elsewhere?   | yes | no |
| 6.  | Have you tended to have more colds, flu, and other examples of infectious diseases than 'normal'?                                      | yes | no |
| 7.  | Have you had food allergies or intolerances?   | yes | no |
| 8.  | Have you been to many doctors for your health problems and they have usually said "there is nothing wrong"?                            | yes | no |
| 9.  | Do you have numbness or burning sensations in your mouth or gums?  | yes | no |
| 10. | Do you have numbness or unexplained tingling in your arms or legs?   | yes | no |
| 11. | Have you developed difficulty in walking (ataxia) over the years?  | yes | no |
| 12. | Do you have ten or more amalgam fillings?  | yes | no |
| 13. | Do you often have a 'metallic' taste in your mouth?  | yes | no |
| 14. | Have you ever worked as a painter or in manufacturing/chemical/pesticide/fungicide factories or in pulp/paper mills that used mercury? | yes | no |
| 15. | Have you worked as a dentist or dental assistant?  | yes | no |
| 16. | Have you ever had candida or yeast infections (vagina, mouth or GI tract)?   | yes | no |
| 17. | Do you have a lot of bad breath (halitosis) or white tongue (thrush)?  | yes | no |
| 18. | Have you frequently had low basal body temperature (below 97.4 degrees F. / 36.5 degrees C.) over the years?                           | yes | no |
| 19. | Do you have problems with constipation?  | yes | no |
| 20. | Do you have heart irregularities or rapid pulse (tachycardia)?   | yes | no |
| 21. | Do you have unexplained arthritis in various joints?   | yes | no |
| 22. | Is it common for you to have a lot of mucus in your stools?  | yes | no |
| 23. | Do you have unidentified chest pains even after ECG, X-ray and heart studies are normal?   | yes | no |
| 24. | Is your sleep poor, or do you have frequent insomnia?  | yes | no |
| 25. | Have you had frequent kidney infections or do you have significant kidney problems?  | yes | no |
| 26. | Are you extremely fatigued much of the time and never seem to have enough energy?  | yes | no |
| 27. | Do you have irritability or dramatic changes in behaviour?   | yes | no |
| 28. | Are you on antidepressants now or have you been in the past?   | yes | no |