

Questionnaire

for Test Nr. 3

Please fill up the questionnaires if you don't know which organs you would like to become tested, so that I have an idea which organs I will test for you. This is voluntarily.

Operations:

Appendectomy

Ovariectomy

Tonsillectomy

Cholecystectomy

Hysterectomy

Thyroidectomy

Prostatectomy

Other: _____

Do you have pets?

Dog

Cat

Horse

Other: _____

Questions regarding your teeth:

Are your teeth in good condition?

Yes

No

I don't know

When was the last dental panoramic done?

I don't know

My teeth have:

Amalgam fillings

Gold fillings

Porcelain fillings

Plastic fillings

Partial

Old fillings

Root canals

Teeth with big fillings

Bridges

Dentures - bottom

Infections

Dentures - top

Dentures (top and bottom)

When was the amalgam/gold fillings removed? _____

Did you also detoxify at the same time? _____

Please cross out what applies to you:

Constipation

fatigue

Diarrhea

Irregular bowel movement

Flatulences

skinproblems

Headaches

Migraine headaches

Allergies

problems with breathing

Joint problems

Muscle pain

Vaginal fungus

Fungus (Skin fungus etc.)

Lack of motivation

painful menstruation

Irritable bowel

Memory loss

Difficulty with urinating

Others: _____

others (please type or write in very clear and comprehensible handwriting): _____
