



## DETOX INTAKE SHEET

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

WORK PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

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.