



DETOX INTAKE SHEET

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

Age _____ Height _____ Weight _____

E-mail _____

Occupation _____

How did you hear about this detox program?

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 that you are currently taking.

Please list any supplements/herbs that you are currently taking.