

Oligoscan Pre-Test Questionnaire

Patient # or First Name: _____

Date of Birth: _____ Blood Type: _____

Weight: _____ Height: _____ - _____ Gender: _____

Hand Dominance, writes Left: _____ or writes Right: _____

of hours of Sleep /night + Quality?: _____

Symptoms - Complaints: _____

Diet: _____

Raw, Vegan, Vegetarian, Organic, Carnivore, Keto, Regular Fasting, or?

Do you eat Chocolate? If so, how much & frequency? _____

Chocolate is one of the highest sources of Cadmium & Lead of all processed foods

Drinking Water (Municipal, well, bottled, filtered...list primary source): _____

Plastic Bottles contain Antimony. Most Municipal water contains Fluoride, Aluminum, and several other toxins

Perspiration (Daily Sweating): Time/Status (in minutes & on a scale 1-10, with 1 for none and 10 for highest):

Walking: _____ Exercising: _____ Sauna: _____

Alcohol (types & Frequency/week): _____

Smoking (including Vapes) (types & Frequency/week): _____

Tattoos (list # & location): _____

Residence - City/County or Postal Code: _____ Metropolitan area? Yes/No _____

Proximity to Airports, highways, industrial mfg., refineries, smelter plants, etc? _____

Air, water, and soil can be contaminated by fuel exhaust (car and airplanes), fuel spills into water supplies and food sources.

Occupation/Work Exposure (working with metals, chemicals, dyes, paints, petroleum):

Overall Stress Levels (scale 1-10) - with 1 for minimal stress, 10 for very stressed): _____

Have you had COVID? If yes, # of times (Y/N) _____ COVID 19 Vaccination (Y/N)? _____

Vaccinations as a Child? _____ # Flu Vaccinations? _____

Activities/Hobbies: _____

Paints, welding, metal working, inks containing heavy metals, golf courses, chlorine swimming pools

All Medications – (Aspirin, Cholesterol, Heart, Acid Reflux OTC, List): _____

May contain coloring agents, aluminum, titanium, mercury

Supplements (List) : _____

If the body is not absorbing the supplements, this will be indicated on the Oligoscan. Colloidal Silver may be a source of

unhealthy Silver levels.

Minerals (List): _____

Minerals can be depleted by heavy metals and will show up as low on the Oligoscan even when supplemented

Hormones (List) - (Birth Control, HRT's, Bioidentical, HcG - Topical or Oral- List)

Disrupts the natural function of the body and creates dependencies. These artificial ingredients are not recognized by the body

Zeolite, Oral Chelators (List): _____

Chelators: EDTA, DSMA (List): _____

Internal detoxing is not effective if the person is a non-excreter and the lymphatic system is blocked. Internal chelators introduce chemicals into the body and leave residuals)

Dental Work – (Amalgams, Caps, Bridges, Root Canals): _____

Source of Heavy metal exposure, particularly Mercury & Silver

Cosmetics, Anti-Perspirant Deodorants (List): _____

Contain various non beneficial ingredients including Aluminum, which are not utilized by the body. Note- it is important to allow the body to perspire without interruption. The wetness and odors can be controlled with natural, non-suppressing deodorants and will be minimized over time

Do you regularly wear a Smartwatch, Whoop, Oura Ring, Airpods?(List): _____

Potential EMF source & Lithium exposure from batteries

Do you have Wifi? Sleep with it on? Sleep next to your phone (Describe): _____

EMF exposure can increase Magnesium burn rate and alter the Sodium/Potassium Voltage Gated Channels

Female – last period, last pregnancy, breast feeding: _____

There may be some depletions such as hormones and/or minerals. If pregnant or recently had a baby the levels of minerals will be depleted

Recent Medical tests - Mammogram, CAT, MRI, X-Ray, Colonoscopy: _____

Can be disruptive to the body and can introduce radiation, irritation to the tissues (Contrast Agents- Gadolinium)

Family History/Concerns: _____

Surgeries (i.e Joint replacements, implants, screws, etc): _____

Source of heavy metal exposure/blockages

Accidents, Injuries: _____

Can create lymphatic blockages due to restrictions (scars, surgeries)

Other Observations- i.e country of Origin, recently relocated from, etc: _____

Moving to another part of the country or world may place you in a different environment as well as expose you to different parasites, bacteria, viruses, etc. Also, the types of food available to you may not be what you typically ate. Your heritage and genes should be considered.