



Environmental Toxin Exposure Survey

Functional Medicine
Functional Dr, DC, DACBI, DACBN, CFMP, CICP,ND
1234 Main Street
AnyCity,AnyState 12345
555-333-4444
medicindr@email.com

Report Date: 02-11-2014

Date Completed by Patient: 02-11-2014

Patient: Jane Doe

Date of Birth: 1-1-1980

Address: 1212 Main Street Anycity, AnyState 09876

Home Phone: 222-333-4444

Work Phone: 222-444-5555

Cell Phone: 222-777-8888

Fax Phone: 222-888-9999

Email: janedoe@email.com

Emergency Contact: 222-555-6666

Patient Notes: I'm an artist any work with a lot of different types of paints and solvents. I believe some of them contain lead. My main problems are anemia and joint pain. I've had these symptoms for the past year.

Sample



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Item(s) Selected:

- Aerosols
- Air fresheners
- Dyes
- Inks
- Lacquers
- Paint removers
- Spray paints
- Use art supplies
- Work with acrylics
- Worked or work with color printing

Household Member(s) Working with and/or Around Environmental Toxins: Yes

Have a whole house water filtration system: No

Home water supply: Well water

Clinicians's Notes:

Signature: _____

Date: _____

Sample