

## METABOLIC CLEARING THERAPY

Answer each question with one of the following, and then total all answers at the end.

0=Never almost never.

1=Occasionally, not severe.

2=Occasionally, is severe.

3=Frequent, not severe.

4=Frequent, is severe.

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### DIGESTIVE TRACT

Nausea or vomiting	--	
Diarrhea	--	
Constipation	--	
Bloated Feeling	--	<hr/> TOTAL
Heartburn	--	
BELCHING, or passing gas	--	

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### EARS

Itchy ears	--	
Earaches, infections	--	
Drainage from ear	--	
Ringing in ears	--	<hr/> TOTAL
Hearing loss	--	

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### EMOTIONS

Mood swings	--	
Anxiety	--	
Fear or nervousness	--	<hr/> TOTAL
Depression	--	

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### ENERGY

Fatigue, sluggishness	--	
Apathy, lethargy	--	
Hyperactivity	--	<hr/> TOTAL
Restlessness	--	

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### EYES

Watery or itchy eyes	--	
Swollen, reddened or sticky eyelids	--	
Bags/dark circles under eyes	--	<hr/> TOTAL
Blurred or tunnel vision	--	

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### HEAD

Headaches	--	
Faintness	--	<hr/> TOTAL
Dizziness	--	
Insomnia	--	

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### HEART

Irregular or skipped heartbeats	--	
Rapid or pounding heartbeat	--	<hr/> TOTAL
Chest pain	--	

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## METABOLIC CLEARING THERAPY

### JOINTS/MUSCLES

Pain or aches in joints	--	
Arthritis	--	
Stiffness/limited motion	--	
Pain/aches in muscles	--	TOTAL
Feeling weakness/tiredness	--	

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### LUNGS

Chest congestion	--	
Asthma, bronchitis	--	
Shortness of breath	--	TOTAL
Difficulty breathing	--	

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### MIND

Poor memory	--	
Confusion, poor comprehension	--	
Poor concentration	--	
Poor physical coordination	--	
Difficulty making decisions	--	
Stuttering/stammering	--	TOTAL
Slurred speech	--	
Learning disabilities	--	

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### MOUTH/THROAT

Chronic coughing	--	
Gagging, frequent need to clear throat	--	
Sore throat, hoarseness, loss of voice	--	TOTAL
Swollen or discolored tongue, gums, lips	--	
Canker sores	--	

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### NOSE

Stuffy nose	--	
Sinus problems	--	
Hayfever	--	TOTAL
Sneezing attacks	--	
Excessive mucous formation	--	

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### SKIN

Acne	--	
Hives, rashes, or dry skin	--	
Hair loss	--	TOTAL
Flushing or hot flashes	--	
Excessive sweating	--	

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### WEIGHT

Binge eating/drinking	--	
Craving certain foods	--	
Excessive weight	--	
Compulsive eating	--	TOTAL

## METABOLIC CLEARING THERAPY

Water retention	--	
Underweight	--	
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OTHER		
Frequent illness	--	
Frequent/urgent urination	--	TOTAL
Genital itch or discharge	--	
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GRAND TOTAL	_____	

### INDICATIONS OF RESULTS

#### **0-20 Minimal Toxicity.**

Dietary management, avoid toxin exposure and quarterly Ion cleans protocol is appropriate.

#### **21-50 Impaired Toxicity.**

Dietary management, nutritional support is key. Avoid toxin exposure. 12-15 Ion Cleanses.

#### **51-100 Moderate Toxicity.**

Lifestyle modification changes, nutritional support for detoxification, 12-15 Ion Cleanses. Avoid toxin exposure.

#### **101-Severe Toxicity.**

Needs further testing and health care supervision for detoxification. (e.g. Indicanuria, liver testing, oxidative stress evaluation etc.) Lifestyle modification changes, nutritional support for detoxification, avoid toxin exposure and 12-15 Ion Cleanses. This patient may require a second series of Ion Cleanse sessions.