

International Center for Health and Wellness, LLC

Biotoxin Symptom Questionnaire

Name: _____ Please check **each** symptom you are experiencing:

- Fatigue
- Weakness
- Decreased ability to retain new knowledge
- Muscle aches
- Headaches
- Light sensitivity
- Impaired memory
- Decreased ability to find words
- Difficulty concentrating
- Joint pains
- Morning stiffness
- Muscle cramps
- Unusual skin sensitivity
- Tingling
- Shortness of breath
- Sinus congestion
- Cough
- Excessive thirst
- Confusion
- Appetite swings
- Difficulty regulating body temperature
- Increased urinary frequency
- Red eyes
- Blurry vision
- Night sweats
- Mood swings
- Ice-pick pains
- Static shocks
- Vertigo (Dizziness)
- Tearing of eyes
- Disorientation
- Metallic taste
- Abdominal pain
- Diarrhea
- Numbness

Signature

Date