

Detox Application
Sara Thyr, N.D., LLC

Last Name: _____ First Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____ Cell: _____

Sex: Female Male Birth date: _____ Age: _____ Height: _____ Weight: _____

Why do you want to detox? Check all that apply.

- | | |
|---------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> General Cleanse | <input type="checkbox"/> Have Radiant/Clearer Skin |
| <input type="checkbox"/> Lose Weight | <input type="checkbox"/> Learn About Nutrition/Digestion |
| <input type="checkbox"/> Reduce Fatigue/Increase Energy | <input type="checkbox"/> Relieve Gas/Bloating/Constipation |
| <input type="checkbox"/> Reduce Allergies/Asthma | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Conquer Food Cravings | |

Current Health Conditions

Please list any current health conditions, including diseases and illnesses: _____

List any medications/supplements you are taking: _____

Please Mark Any Conditions That Are Part of Your Current Health History:

- | <u>CATEGORY A</u> | <u>CATEGORY B</u> | <u>CATEGORY C</u> |
|---------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Frequent constipation | <input type="checkbox"/> Heart surgery | <input type="checkbox"/> Aneurysm |
| <input type="checkbox"/> Frequent diarrhea | <input type="checkbox"/> past eating disorder | <input type="checkbox"/> AIDS/HIV |
| <input type="checkbox"/> Bloating/Gas | <input type="checkbox"/> Diabetes – no insulin needed | <input type="checkbox"/> Active cancer |
| <input type="checkbox"/> Ulcers | <input type="checkbox"/> Bowel surgery | <input type="checkbox"/> Active eating disorder |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Stomach surgery | <input type="checkbox"/> Diabetes – insulin dependent |
| <input type="checkbox"/> Gallbladder problems | <input type="checkbox"/> Chronic hepatitis | <input type="checkbox"/> Seizure disorder |
| <input type="checkbox"/> Sober alcoholic or drug addict | <input type="checkbox"/> Ulcerative colitis | <input type="checkbox"/> Currently pregnant |
| <input type="checkbox"/> History of asthma/bronchitis | <input type="checkbox"/> Active alcoholism | <input type="checkbox"/> Currently breast-feeding |
| <input type="checkbox"/> Frequent sinus infections | <input type="checkbox"/> Chronic fatigue syndrome | <input type="checkbox"/> Active Kidney Disease |
| <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Active asthma | <input type="checkbox"/> Acute hepatitis |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Taking depression medicine | <input type="checkbox"/> Active Hyperthyroidism |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Active Crohn’s disease |
| <input type="checkbox"/> PMS | <input type="checkbox"/> Rheumatoid Arthritis | <input type="checkbox"/> Currently on Psychiatric Med |
| <input type="checkbox"/> Currently in Menopause | <input type="checkbox"/> Autoimmune disease | |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Lupus | |
| <input type="checkbox"/> Osteoarthritis | <input type="checkbox"/> Active drug addiction | |

Insomnia

Please Read and Sign the Following:

I understand and acknowledge that *The Detox* is an educational course and not meant as a prescription for any general or specific health condition. The directions given by the instructors is in no way meant to be considered a substitute for one-on-one medical advice and care from a duly licensed doctor. The information conveyed in the course represents the latest nutritional and dietary research and is based upon reliable, sound authority and extensive clinical experience. Nevertheless, I understand that some individuals who consider themselves health authorities may disagree with opinions taught in *The Detox*. Additionally, I understand that the seminar tuition is non-refundable on or after the day of the first seminar session.

Signature: _____ **Date:** _____