

Back In Action Chiropractic

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<http://www.back-n-action.com/>

Toxic Exposure Questionnaire

NAME _____

Please answer the following questions.

Do you experience symptoms more often in any particular location?

Home?

Work?

Specific Room?

Specific Area?

Do you experience symptoms more at certain times of the year?

Is your home ventilated?

Workplace?

Do you live or work in a structure that has been flooded in the past?

Can you smell or see mold in any of the areas where you live or work?

Has any remodeling been done at home or work in the last year?

Have you lived or worked in freshly painted rooms in the last six months?

Is your house

Partly carpeted?

Mostly carpeted?

Fully carpeted?

Have you been exposed to new carpets or furniture in the past year?

Do you use plastic containers or plastic wrap when you microwave food?

Has your home or workplace been treated chemically for pest in the last year?

Have you been exposed to other chemicals or fumes at home or work in the last year?

When did you last check/clean/replace the filters for your furnace and air conditioner?

How often do you check/clean/replace these filters? _____

Do you run a humidifier during the dry months?

How often do you check/clean/replace the humidifier filter? _____

When was your house last checked for carbon monoxide? _____

Workplace? _____

Do you use typical household cleaners?

Or organic, non-toxic cleaning products?

Do you use household air fresheners or plug-ins?

Do you use scented laundry detergent? ___ Scented fabric softeners?

Do you spray your shower walls with shower cleaners after showering?

Are you regularly exposed to cigarette smoking?

Do you smoke?

How often? _____

Are you exposed to wood-finishing chemicals?

Glues?

Solvents?

Adhesives?

Gasoline? ___ Other? If so, please list: _____

Is your lawn treated chemically?

How often? _____

Do you use pesticides, herbicides, or other chemicals?

If so, please list: _____

Do you have mercury amalgam fillings (silver fillings)?

How many? _____

Do you have any root canals?

How many? _____

How old are they? _____

Have you worked in a dental office?

What type? _____

Have you had any mercury amalgam fillings removed?

How many? _____ When? _____ What precautions were used? _____

Do you do any of the following types of work?

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Auto body work

Welding

Nail salon

Dry cleaning

Building construction

Printing shop

Automotive mechanic

Landscaping

Hairdressing

Carpet laying

Painting

Commercial farming

Do you live

in the city

in farming country

near busy streets

near a golf course

near a source of air/water pollution?

Do you live near a source of any type of pollution?

What type(s)? _____

Do live or work near any high-powered electrical wires or transformers?

Any other types of exposure to chemicals?

What type(s)? _____

Do you drink any tap water?

How often do you eat "fast foods"? _____

Have you had the usual childhood vaccinations?

Any additional vaccinations (military, overseas travel)? _____

Anything else that you can think of that is or may have been a toxic exposure?

BIA
Dr. Back In Action
Chiropractic