



Dr. Sonya Nobbe, Naturopathic Doctor

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Environmental Medicine: Heavy Metal Exposure Screening

Name: _____ Date: _____

Date of birth (dd/mm/yy): _____ Age: _____ Gender: _____

Please list your top 3 health concerns:

1. _____ Date of onset: _____
2. _____ Date of onset: _____
3. _____ Date of onset: _____

Please indicate your occupation history (e.g. mechanic, dental hygienist, painter, armed forces, law enforcement, gold mining, boat building, farmer):

Please list your hobby history (e.g. fishing, stained glass use, glass-blowing, hunting):

Please share all details of your smoking history (e.g. how long, what year, exposure to second-hand smoke):

Have you experienced significant second-hand exposure to heavy metals, such as through a spouse or parent engaged in factory work, mining? _____

Consider all places you've lived. Do any of these locations exist on or beside property that was *possibly* contaminated, such as a gasoline station, airport, busy highway, industrial property or factory, refinery, scrap yard, or agricultural land? Please explain: _____



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Were any of your homes connected to old water systems (i.e. leaded pipes, often older than 1978), or could they possibly have been painted with lead paint? _____

Please indicate how often (e.g. once weekly for 2 years) and at what point in your life, you consumed the following foods:

Canned tuna: _____ Lake fish: _____
Salmon* (What kind?): _____ Tofu: _____
Shrimp/Shellfish/Seaweed: _____ Bone broth: _____
Halibut: _____ Sunflower seeds: _____

*Choose Alaskan or Pacific wild-caught salmon. Haddock may be a healthier choice than halibut.

Do you have any "silver" dental amalgams? If yes, please indicate:

How many do you have? _____

When did you receive them? _____

Do you grind your teeth? Yes/No

Do you have a metallic taste in your mouth? Yes/No

Have you ever used Ayurvedic or non-professional brand Chinese herbs? Yes/No

Have you ever followed a vegan diet? Yes/No

Have you ever had your tap water tested for heavy metals (e.g. arsenic, lead)? Yes/No

Please indicate whether you've regularly used any of the following items:

- Crystal ware (e.g. wine goblets)
- Glazed ceramic or glass dishware from a foreign country
- Food or drink in aluminum packaging, including canned soda pop and beer
- Aluminum cookware
- Antacids with aluminum base (e.g. Maalox, Gaviscon)

Have you ever been diagnosed with any of the following (check all that apply):

- Iron-deficient anemia
- Zinc deficiency
- Osteopenia or Osteoporosis
- Periodontal (gum) disease
- Autoimmune disease
- Gout
- High blood sugar, or gestational diabetes
- Lung disease (e.g. COPD, asthma)
- Elevated liver enzymes or fatty liver
- High blood pressure or cardiovascular disease
- Panic attacks or unexplained depression
- Cancer (lung, prostate, pancreatic, squamous cell)
- Learning disability, ADHD, or Dementia?
- Neurological disease, such as MS or Parkinson's
- Recurrent yeast infections
- Irritable Bowel Syndrome
- Multiple Chemical Sensitivity
- Fibromyalgia

Approximately how many times have you been treated with antibiotics? _____