

## TOXICITY SYMPTOM LIST

SYMPTOM	1= Never	2	3	4	5= Sometimes	6	7	8	9	10= Frequently
Headache	1	2	3	4	5	6	7	8	9	10
Memory Loss (Search for Words)	1	2	3	4	5	6	7	8	9	10
Fatigue	1	2	3	4	5	6	7	8	9	10
Anxiety	1	2	3	4	5	6	7	8	9	10
Moody (unusually)	1	2	3	4	5	6	7	8	9	10
Confusion	1	2	3	4	5	6	7	8	9	10
Stomach problems	1	2	3	4	5	6	7	8	9	10
Loss of sense of smell or taste	1	2	3	4	5	6	7	8	9	10
Shakiness in hands	1	2	3	4	5	6	7	8	9	10
Parasthesia (abnormal tingling in arms/legs)	1	2	3	4	5	6	7	8	9	10
Unintentionally dropping things	1	2	3	4	5	6	7	8	9	10
Coordination problems	1	2	3	4	5	6	7	8	9	10
Muscle weakness	1	2	3	4	5	6	7	8	9	10
Anger	1	2	3	4	5	6	7	8	9	10
Joint Pain	1	2	3	4	5	6	7	8	9	10

### FOR INTERNAL USE ONLY

- A Never had amalgam fillings
- B Does not currently have amalgam fillings
- C 1-4 Amalgam fillings
- D 5-9 Amalgam fillings
- E Over 9 amalgam fillings

- 1 Mercury Tattooing
- 2 Decay
- 3 Plaque and tartar
- 4 Bleeding gums
- 5 Missing wisdom teeth
- 6 missing 1-3 teeth
- 7 Missing 4-6 teeth
- 8 Missing 7-9 teeth
- 9 Missing > 9 teeth
- 10 Asymptomatic Root Canal(s)
- 11 Aymptomatic Root Canal(s)

ORAL HEALTH SCORE: \_\_\_\_\_

INITIALS: \_\_\_\_\_