



Nourishing Wellness

Good health is a choice you can make today!

Detox Intake

Name _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Cell _____

Work phone _____ Email _____

Age _____ Height _____ Weight _____

Occupation _____

How did you hear about the Detox program?

What is the primary reason(s) for your interest in the program?

What are your 3 most important health concerns at this time?

What do you hope to achieve by doing this program?

Please list any drugs/medications/supplements which you are presently using and why.
(Use the back if necessary)