

© Dr. GEORGIU'S MERCURY QUESTIONNAIRE

We would be very grateful if you could please complete the questions below to help us understand better how natural chelators such as HMD™ work for you.

Section A, B & C should be completed **immediately** – before taking the HMD™. After 2-3 months of taking the HMD™ **Section C** should be completed **AGAIN** – **this is why there are two Section C's**.

Please email the questionnaire to: drgeorge@heavymetaldetox.net or return by post to PO Box 42008, Larnaca 6530, Cyprus. Thank you for participating in this research study.

SECTION A – About You or Your Child

1. Name of Patient: _____ 2. Age: _____ 3. DOB: _____
4. Address: _____
5. Occupation: _____ 6. Nationality: _____

SECTION B

7. What is the level of mercury **PRIOR** to starting HMD™ reported in the following sample types (in parts per million (PPM) or parts per billion (PPB)):

SAMPLE TYPE	PPM	PPB
URINE		
FECES		
BLOOD		
SALIVA		
HAIR		

8. Were there any other urine tests conducted, e.g. for proteins? Yes ____ No ____

9. If yes, please describe:

Please send a copy of reports of testing (pre and post HMD™ after 3 months) to: drgeorge@heavymetaldetox.net or return by post to PO Box 42008, Larnaca 6530, Cyprus.

10. Please give a brief description of type of exposure you have encountered:

11. Dates of exposure: from _____ to _____

12. When did you start taking HMD™? _____

13. Dosage: 1st dose: ___ drops; 2nd dose: _____ drops; 3rd dose: ___ drops

14. How long have you been taking HMD™ for? _____ weeks

15. What symptoms did you have as a result of mercury toxicity before you began taking HMD™?

16. Which of the abovementioned symptoms have been helped by the HMD™?

17. What overall benefit would you say you had from taking the HMD™ (in %)? _____

18. How quickly did you notice health benefits with the HMD™? _____ weeks

19. Did you have any side effects at all? _____ YES _____ NO

20. What side effects did you notice?

21. Did you find that the HMD™ may have benefited other symptoms that you may have had that were NOT clearly related to the mercury toxicity? _____ YES _____ NO

22. Which other symptoms have you noticed have benefited from taking the HMD™?

23. Do you have any other comments, suggestions or questions about the use of HMD™ in your health approach?

24. Are you taking any other medications at present? _____ YES _____ NO

25. If “yes,” which medications?

Section C – BEFORE TAKING HMD™

Please check which symptoms apply to you – this is to be completed BEFORE taking HMD™:

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TYPE	SYMPTOMS	√	COMMENTS
DIGESTIVE SYSTEM	1. Colitis – gut problems		
	2. Diarrhea/constipation		
	3. Loss of Appetite		
	4. Weight Loss		
	5. Nausea/Vomiting		
EMOTIONS	6. Aggressiveness		
	7. Anger (fits of)		
	8. Anxiety		
	9. Confusion		
	10. Depression		
	11. Fear and nervousness		
	12. Hallucinations		
	13. Lethargy		
	14. Manic depression		
	15. Mood swings		
	16. Shyness		
ENERGY LEVELS	17. Apathy		
	18. Chronic tiredness		
	19. Restlessness		
HEAD	20. Dizziness		
	21. Faintness		
	22. Headaches (frequent)		
	23. Ringing in ears		
HEART	24. Anemia		
	25. Chest pain		
	26. Heartbeat rapid or irregular		
LUNGS	27. Asthma/bronchitis		
	28. Chest congestion		
	29. Shallow respiration		

	30. Shortness of breath		
MUSCLES/JOINTS	31. Cramping		
	32. Joint aches		
	33. Muscle aches		
	34. Muscle weakness		
	35. Stiffness		
NEUROLOGICAL/MENTAL	36. Fine tremor		
	37. Lack of concentration		
	38. Learning disorders		
	39. Memory loss, short and long term		
	40. Numbness		
	41. Slurred speech		
NOSE	42. Inflammation of the nose		
	43. Sinusitis		
	44. Excessive mucus formation		
	45. Stuffy nose		
ORAL/THROAT	46. Bad breath (halitosis)		
	47. Bone loss		
	48. Burning sensation		
	49. Chronic coughing		
	50. Gingivitis/bleeding gums		
	51. Inflammation of the gums		
	52. Leukoplakia (white patches)		
	53. Metallic taste		
	54. Mouth inflammation		
	55. Sore throats		
	56. Ulcers of mouth		
OTHER	57. Allergies		
	58. Anorexia (no appetite)		
	59. Excessive blushing		
	60. Genital discharge		
	61. Gland swelling		
	62. Hair loss		
	63. Hypoxia – lack of oxygen		

	64. Illnesses (frequent)		
	65. Insomnia – not sleeping		
	66. Loss of sense of smell		
	67. Perspiration excessive		
	68. Renal failure		
	69. Skin cold and clammy		
	70. Skin problems		
	71. Vision problems (tunnel vision)		
	72. Water retention (edema)		
OTHER DISEASES RELATED TO HEAVY METALS	73. Acrodynia – painful extremities		
	74. Alzheimer’s – memory loss		
	75. Anterior lateral sclerosis (ALS)		
	76. Asthma		
	77. Arthritis		
	78. Autism		
	79. Candida		
	80. Cardiovascular disease		
	81. Chronic fatigue syndrome		
	82. Crohn’s disease		
	83. Depression		
	84. Developmental defects		
	85. Diabetes		
	86. Eczema		
	87. Emphysema		
	88. Fibromyalgia		
	89. Hormonal dysfunction		
	90. Intestinal dysfunction		
	91. Immune system disorders		
	92. Kidney disease		
	93. Learning disorders		
	94. Liver disorders		
	95. Lupus		
	96. Metabolic encephalopathy		
	97. Multiple sclerosis (MS)		
	98. Reproductive disorders		
	99. Parkinson’s disease		
	100. Senile dementia		

	101. Seizures		
	102. Thyroid disease		

Section C – AFTER TAKING HMD™

Please check which symptoms apply to you – this is to be completed AFTER you have been taking HMD™ for at least 2-3 months:

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	102. Thyroid disease		

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