



Phone: (410) 964-3118

Or: (301) 621-6222

Fax: (410) 964-3154

Eugene A. Sambataro, D.D.S., P.C. & Associates

5012 Dorsey Hall Drive, Ellicott City, MD, Suite 205

Patient Name: _____

Mercury/Toxic Metal Sensitivity Questionnaire

This questionnaire should serve as a warning/alert to persons scoring "Yes" in five or more of the questions below.

1.	Have you had sore gums (gingivitis) often over the years?	Yes	No
2.	Have you had mental symptoms such as confusion, forgetfulness?	Yes	No
3.	Has severe depression been a frequent problem for you?	Yes	No
4.	Has ringing in the ears (tinnitus) been present?	Yes	No
5.	Have TMJ (temporal mandibular joint) problems been a concern of yours?	Yes	No
6.	Have you had unusual shakiness (tremors) of your hands and arms or twitching of other muscles?	Yes	No
7.	Do you have "brown spots" or "age spots" under your eyes or elsewhere in the skin of your body?	Yes	No
8.	Have you tended to have more colds, flu, and other examples of infectious diseases than "normal"?	Yes	No
9.	Have you had food allergies or intolerance?	Yes	No
10.	Have you been to many doctors for your health problems and they have usually said "There is nothing wrong"?	Yes	No
11.	Do you have numbness or burning sensations in your mouth or gums?	Yes	No
12.	Do you have numbness or unexplained tingling in your arms and legs?	Yes	No
13.	Have you developed difficulty in walking (ataxia) over the years?	Yes	No
14.	Do you have 10 or more "silver" fillings?	Yes	No
15.	Do you often have a "metallic" taste in your mouth?	Yes	No
16.	Have you ever lived near or around manufacturing/chemical or pesticide/fungicide factories (fungicides with methyl mercury ingredients) or pulp/paper mills that use mercury?	Yes	No
17.	Have you ever worked as a painter or in manufacturing/chemical or pesticide/fungicide factories (fungicides with methyl mercury ingredients) or in pulp/paper mills that used mercury?	Yes	No
18.	Have you worked as a dentist, hygienist, or dental assistant?	Yes	No
19.	Have you ever had Candida-Related Complex (CRC) or yeast infections (vagina, mouth or GI tract)?	Yes	No

20.	Do you have a lot of bad breath (halitosis) or white tongue (thrush)?	Yes	No
21.	Have you frequently had low basal body axillary temperature (below 97.4 degrees F.) over the years?	Yes	No
22.	Do you have problems with constipation?	Yes	No
23.	Do you have heart irregularities or rapid pulse (tachycardia)?	Yes	No
24.	Do you have unexplained arthritis in various joints?	Yes	No
25.	Is it common for you to have a lot of mucus in your stools?	Yes	No
26.	Do you have unidentified chest pains even after EKG's, X-ray, and heart studies are normal?	Yes	No
27.	Is your sleep poor or do you have frequent insomnia?	Yes	No
28.	Have you had frequent kidney infections or do you have significant kidney problems?	Yes	No
29.	Are you fatigued much of the time and never seem to have enough energy?	Yes	No
30.	Do you have irritability or dramatic changes in behavior?	Yes	No
31.	Are you on antidepressants now or have you been in the past?	Yes	No
32.	Have you received vaccinations containing mercury (thimerosal)?	Yes	No
33.	Have you used contact lens solutions containing thimerosal?	Yes	No

It is our conclusion that mercury toxicity is an autoimmune disorder. This has been summarized in *Advance Magazine*. Its wide range of symptoms can only be attributed to multiple adverse effects on the immune and nervous tissue in general. The Mercury/Toxic Metal Sensitivity Questionnaire has now been tested on over 200 patients and will serve as a warning/alert to clinicians when patients have a score of "yes" in five or more of the questions. Such patients should then be referred to dentists with special knowledge of mercury amalgam removal and replacement with nontoxic composites and dental materials.

If you have scored yes to more than five (5) questions, you will be asked to complete another questionnaire to determine a baseline record of symptoms.