CLINICA DENTAL
Therapy Centre

MOODS

Please note it is in your own intrest that the test is only efficient if you answer the questions honestly

Do you sweat the small stuff?	NO	YES
Do you get aggravated quickly when someone critizes you?	NO	YES
Are you discouraged quickly?	NO	YES
Do you suffer from depression ?	NO	YES
Do you have trouble tackling a new task ?	NO	YES
Are you often depressed ?	NO	YES
Do you suffer from fears?	NO	YES
Are you shy and insecure ?	NO	YES
Did you ever or do you have suicidal thoughts ?	NO	YES

SLEEP - TIREDNESS

Do you get tired often?	NO	YES
Do you have an increased urge to sleep ?	NO	YES
Do you still feel tired after sufficient sleep?	NO	YES
Do you suffer from insomnia?	NO	YES
Sudden awakening because your body is in turmoil?	NO	YES
Poor sleep with many dreams ?	NO	YES
Do you have the feeling that you are coming down with a cold?	NO	YES
Are you shaky?	NO	YES
Do you feel shivers once in a while?	NO	YES
Do you feel sick?	NO	YES
Do you have a feeling of feebleness?	NO	YES

SPEECH & THINKING

Do you often forget what you were about to say?	NO	YES
Do you have difficulties concentrating?	NO	YES
Is it difficult for you to move your lips ? Is your speech impaired?	NO	YES
Is it difficult for you to complete a thought ?	NO	YES
Is if difficult for you to follow when someone is speaking ?	NO	YES
Is it difficult for you to comprehend what you have read ?	NO	YES
Is it difficult for you to remember something from the past ?	NO	YES

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MISCELLANEOUS

Do you occasionally have uncontrollable muscle spasms ?	NO	YES
Do your hands tremble when stretching?	NO	YES
Do you have a twitching tongue, lips or eye lids ?	NO	YES
Do you tremble as if you had shivering fits ?	NO	YES
Do you have unintentional weight loss ?	NO	YES
Do you suffer from lack of appetite ?	NO	YES
Do you occasionally have hot flashes ?	NO	YES
Are you frequently cold?	NO	YES
Are parts of your body occasionally cold- nose, hands, feet ?	NO	YES
Do you occasionally have swollen fingers, feet, wrists or ankles ?	NO	YES

CRAMPS AND PAIN

Cramps or uncontrollabel twitches in the face ?	NO	YES
Do you have cramps in your calf ?	NO	YES
Aching muscles between - under - or behind the shoulders ?	NO	YES
Pain in hands or feet ?	NO	YES
Pain in arms or legs ?	NO	YES
Do you have pains in your neck?	NO	YES
Do you generally have shoulder pains?	NO	YES
Do you have pain in your joints?	NO	YES
Do you have pains in the lumbar region or genitals ?	NO	YES
Do you have pains in the sternum?	NO	YES
Does the pain spread towards the back?	NO	YES
Do you have pain under your right rib ?	NO	YES
Do you have pain under your armpits ?	NO	YES
Do you have shoulder pains in general?	NO	YES

GENITALS

Do you have irregular menstrual periods ?	NO	YES
Do you feel uncomfortable before your menstrual periods ?	NO	YES

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Do you have heavy menstrual periods ?	NO ☐	YES ☐
Do you have light menstrual periods ?	NO ☐	YES ☐
Do you have increased trouble during your period?	NO ☐	YES ☐
Do you have increased trouble after your period?	NO ☐	YES ☐
Do you have prostate problems?	NO ☐	YES ☐

SKIN - HAIR - NAILS

Do you get a rash - irritated skin - after touching metal?	NO ☐	YES ☐
Do you get a rash after sunbathing?	NO ☐	YES ☐
Are you getting more and more freckles?	NO ☐	YES ☐
Adults: Do you get continuously more pimples?	NO ☐	YES ☐
Are you susceptible to haematoma?	NO ☐	YES ☐
Do you have boils on your body?	NO ☐	YES ☐
Is your skin itching once in a while?	NO ☐	YES ☐
Do you have repeated rashes?	NO ☐	YES ☐
Do you get eczema once in a while?	NO ☐	YES ☐
Do you sometimes feel like your skin is crawling?	NO ☐	YES ☐
Does your skin have a yellowish tone ?	NO ☐	YES ☐
Are you rather pale?	NO ☐	YES ☐
Do you sweat a lot?	NO ☐	YES ☐
Is your hair dull or brittle?	NO ☐	YES ☐
Has your hair turned darker for unexplainable reasons?	NO ☐	YES ☐
Do you have hair loss?	NO ☐	YES ☐
Do you have brittle finger nails ?	NO ☐	YES ☐

HEAD

Do you often have head aches?	NO ☐	YES ☐
Are you dazed once in a while?	NO ☐	YES ☐
Do you feel giddy which makes it difficult for you to walk?	NO ☐	YES ☐

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Did you ever fall due to giddiness?	NO	YES
Did you ever feel giddy as if you were swaying?	NO	YES
Giddy when lying down?	NO	YES
Numbness or cold feeling at the back of your head?	NO	YES
Does your head feel like it is bursting?	NO	YES
Do you feel pressure on your forehead?	NO	YES
Do you feel like your eyes are pressing out?	NO	YES
Do you have sunken eyes?	NO	YES
Do you have blood-shot eyes?	NO	YES

DIGESTIVE ORGANS - BLADDER

Do you have feelings of nausea once in a while?	NO	YES
Do you often burb or suffer from heartburn?	NO	YES
Do you vomit?	NO	YES
Do you often feel bloated?	NO	YES
Do you have gas pains?	NO	YES
Do you often have stomach aches?	NO	YES
Do you often have abdominal pains?	NO	YES
Is the colour of your stool light?	NO	YES
Is the colour of your stool dark?	NO	YES
Do you have loose stool?	NO	YES
Do you often have diarrhea?	NO	YES
Are you often constipated?	NO	YES
Passing water: Small, dark quantities	NO	YES
Passing water: Large, light quantities	NO	YES

HEART & BREATHING

Do you have an irregular heartbeat?	NO	YES
Do you have a weak heartbeat?	NO	YES
Do you sometimes feel like your heart would stand still?	NO	YES

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Do you have a strong, fast heartbeat ?	NO	YES
Do you have pains spreading towards your chest?	NO	YES
Do you have a high heart rate?	NO	YES
Do you have a slow pulse?	NO	YES
Fast heart rate at little effort?	NO	YES
Out of breath at little effort?	NO	YES
Out of breath without any effort?	NO	YES
Short of breath for a long time?	NO	YES
Do you have general respiratory problems?	NO	YES
Are you gasping for breath? Do you breath forcefully?	NO	YES
Do you have shortness of breath ?	NO	YES
Do you have a shallow breath?	NO	YES
Do you feel your chest is weighted down?	NO	YES

THE SENSES

Do you see everything foggy?	NO	YES
Do you have aversity to light?	NO	YES
Is your visual field limited?	NO	YES
For a split second you cannot see anything?	NO	YES
Do you have sparks, stars or shaddows in front of your eyes?	NO	YES
Are there grey or colourful spots wandering about in your visual field?	NO	YES
You see things double?	NO	YES
At dawn your vision is impaired?	NO	YES
Do you have trouble hearing?	NO	YES
You are not comprehending what you are hearing?	NO	YES
Is your sense of smell impaired?	NO	YES
Is your sense of smell oversensitive - food, perfume, smoke?	NO	YES
Do you have a taste of metal in your mouth?	NO	YES
You feel like having aluminium foil in your mouth?	NO	YES
Do you always have a bad taste in your mouth?	NO	YES

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Food has no taste ?	NO	YES
Burning in mouth or throat?	NO	YES
Numbness in hands, feet or legs?	NO	YES
General- uncomfortable sensation of warmth or heat?	NO	YES
Do you have the feeling that your nerves are twitching?	NO	YES

COORDINATION - ABILITY TO COPE

Do you often drop objects?	NO	YES
Do you often run into furniture corners or door frames ?	NO	YES
Are you often tired when standing?	NO	YES
Do you have weak muscles?	NO	YES
Are you exhausted quickly?	NO	YES
Do you often have heavy, uncontrollable legs?	NO	YES
Do you have increased trouble after activities?	NO	YES

MOUTH - THROAT

Do you have growths in the mouth?	NO	YES
Do you often have bleeding gums?	NO	YES
Do you produce a lot of saliva?	NO	YES
Do you have a dry mouth although you drink regularly?	NO	YES
Do you often feel thirsty?	NO	YES
Do you have bad breath - or the feeling that you have bad breath?	NO	YES
Do you have unexplainable tooth ache once in a while?	NO	YES
Do you have pain in the jaws once in a while?	NO	YES
Do you have receding gums?	NO	YES
Do you have pimples or growths on the roof of your mouth - gums - tongue?	NO	YES
Do you have light, white spots on lips or mouth?	NO	YES
Do you have dark spots on the gums?	NO	YES
Do you have dark lines between gums and teeth? ?	NO	YES
Do you have imprints of your teeth on your tongue?	NO	YES
Do your lips or tongue feel furry?	NO	YES

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Do you have the feeling that your tongue is too large?	NO ☐	YES ☐
Do you have the feeling as if you had a lump or pressure in your throat?	NO ☐	YES ☐
Do you have mucus in your throat - without having a cold?	NO ☐	YES ☐
Do you have difficulties to swollow?	NO ☐	YES ☐
Do you often have a hoarse throat -without having a cold?	NO ☐	YES ☐
Do you often have unfounded coughing fits?	NO ☐	YES ☐
Do you have a soar throat - reddening without infection?	NO ☐	YES ☐
Do you often have infections?	NO ☐	YES ☐
Do you have swellings in the vicinity of the thyroid glands?	NO ☐	YES ☐
Do you have soft, small, movable knots on the side of your neck?	NO ☐	YES ☐
Do you get a choking feeling from clothes or jewelry?	NO ☐	YES ☐

Decisive symptom improvements after amalgam removal

In 1991 the Foundation Food Toxin Free Dentistry analysed cases regarding side effects of amalgam which had been received by the FDA from 762 patients. 440 symptoms before the removal of amalgam could be determined. Only six months after removal of the amalgam all patients declared that:

20% of the symptoms had disappeared
75% of the symptoms had improved
5% of the symptoms had not changed

After analysing 1.569 more cases in Sweden, Denmark, Canada and the United States of America, 440 symptoms were found most frequently, as stated in the charts.

Our self-test: Do you have an amalgam problem?

Swedish scientists have made a list of troubles found usually in amalgam affected persons and developed a self-test.

Some symptoms are listed several times - in different ways - because not everybody describes them with the same words.

If more than 80% of the symptoms apply, amalgam in the mouth or body are most likely the culprit.

If 40% of the symptoms apply it has to be suspected that amalgam is the culprit if the patient suffers also from:

PAINS - CRAMPS IN THE JAWS
PERMANENT TIREDNESS
PAINS - CRAMPS IN THE CALF
PAINS IN HANDS & FEET
A TASTE OF METAL IN THE MOUTH
STRONG, FAST HEARTBEAT AFTER LITTLE EFFORT
SHAKY HANDS
DIMINISHED STRENGTH IN THE MUSCLES

If this applies in your case - or if you wish to be tested thoroughly and diagnosed we would ask you to contact us so an appointment can be arranged for you.