

Beautiful Soul

DETOXING & HYDRATING SOUL-MIND-BODY

Toxic Build Up Test

1. Do you experience fatigue or low energy levels especially around 3 pm in the afternoon?

YES / NO

2. Do you experience brain fog, lack of concentration and/or poor memory?

YES / NO

3. Do you eat fast foods, fatty foods, pre-prepared foods, or fried foods on a regular basis?

YES / NO

4. Do you drink coffee and sodas during the day to “get yourself going”?

YES / NO

5. Do you smoke cigarettes?

YES / NO

6. Do you crave or eat sugary snacks, candies, or desserts?

YES / NO

7. Do you have less than 2 bowel movements per day? YES / NO

8. Do you feel sleepy after meals, bloated, and /or gassy? YES / NO

9. Do you experience heart burn or indigestion after eating?

YES / NO

10. Are you overweight or do you rarely exercise?

YES / NO

11. Do you experience reoccurring yeast or fungal infections?

YES / NO

12. Do you experience frequent headaches or migraines?

YES / NO

13. Do you have arthritic aches and pains or stiffness?

YES / NO

14. Do you take prescriptive medicine on a regular basis?

YES / NO

15. Do you take prescriptive sedatives or stimulants?

YES / NO

16. Do you live with or near polluted air, water, or other environmental pollution?

YES / NO

17. Do you use fluoridated toothpaste or drink fluoridated / chlorinated water?

YES / NO

18. Do you experience depression or mood swings, (mental highs or lows)?

YES / NO

19. Do you have bad breath or excessive body odor?

YES / NO

20. Do you have food allergies or bad skin?

YES / NO

21. Are you showing signs of premature aging?

YES / NO

22. Have you ever used an internal cleansing product or followed a complete internal cleansing program?

YES / NO

If you answered "yes" to 4 or more of the above questions or answered "no" to question 22, then you are a good candidate for an internal cleansing program and would greatly benefit from an Ionic Detoxification treatment schedule.