



## Intake Form For The IMI Detox

NAME: \_\_\_\_\_  
Title family name: first name:

CONTACT: Email: \_\_\_\_\_

Tel: \_\_\_\_\_

RESULTS: Your MAQ Score: \_\_\_\_\_  
Low Blood Sugar \_\_\_\_\_  
Candida: \_\_\_\_\_  
pH score \_\_\_\_\_ Acidic/Neutral

### DISCLAIMER:

If you have a medically diagnosed condition such as:

- diabetes or hypoglycemic problems, very low or high blood pressure, cancer, epilepsy, TB, AIDS, heart, kidney or liver disease, stomach ulcers, pneumonia or bronchitis, or candida fungal infections
- or -
- Are on prescription medication
- Are prone to low blood sugar or fainting, or have seizures
- Are pregnant or breastfeeding
- Are significantly underweight
- Suffering mental illness, including depression and schizophrenia
- Are a habitual user of "social" drugs (tobacco, street drugs, or a very high alcohol intake)
- are on medications or drugs,
- Have an MAQ score over 50
- Have a blood sugar score over 9
- Have a candida score over 11

You **must** let the IMI naturopath know before starting the program.

Every person is a unique individual. Therefore the recommendations within this program (including the manual and journal) may not suit all individuals. The information is intended for educational purposes only - it is not provided in order to diagnose, or treat any disease, illness or injury. Integrated Medicine Institute (IMI) does not accept responsibility for such use.

I have read and understood the above and declare I am fit to undertake the PureDetox:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Print name: \_\_\_\_\_

Please ensure you hand in this form to the IMI team before you start.

Office use: Client consultation time at IMI: \_\_\_\_\_

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