



CLIENT COMMUNICATOR

Instructions for Completing

For use before, during and at end of Full Body Detoxification Program!

Choose One:

- If you are a **current client** of Dr. Smith's and the Full Body Detoxification program is part of your therapeutic program, please follow the instructions under "**Current Clients.**"
- If you are a new client and the Full Body Detoxification Program is your first therapeutic supplement program recommended by Dr. Smith, follow the **FBD Clients** page 2 instructions.
- If you were introduced to the Full Body Detoxification Program at one of Dr. Smith's Onsite Clinics, Special Community Event or Seminar, please follow the instructions below under "**FBD Clients**" on page 2.

CURRENT CLIENTS

1. Please print a **Client Communicator** specifically for the Full Body Detoxification Program, rather than using your therapeutic program Client Communicator for monthly Progress Reporting.
2. **HEADING:**
 1. Your Name
 2. **Start Date:** put date started Full Body Detoxification Program.
3. Read instructions at top of Page 2 and report information requested if any occurs. Also, use this for a narrative description of detoxification experiences, comments or questions, etc.
4. Should you or Dr. Smith determine that you are experiencing any cleansing signs or symptoms after starting your FBD Program, list them under the Symptoms Column.
5. Date and score symptoms at the onset and update score for each symptom on a weekly basis until the sign or symptom score is zero "0" - indicating no symptom.
6. If any symptom increase, instead of decreases, or is not a zero score by the fourth day of onset, fax or email a copy of your weekly updated Client Communicator to Dr. Smith and schedule a Telephone Consultation with Dr. Smith for further instructions.
7. Complete the **FBD Program Client Communicator** weekly and provide a copy of your form by fax, email or U.S. mail, before your Post-FBD Telephone Consultation with Dr. Smith, along with your **Pre- and Post-FBD Health Appraisal Comprehensive FBD Questionnaires.**



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FBD CLIENTS

1. HEADING:

1. Your Name
2. **Start Date:** put date started Full Body Detoxification Program.
2. Under the **Symptoms Column**, list all symptoms that bother you the most.
3. If you have more than 21 symptoms, print Page 1 for Symptoms 22-42, also.

4. COLUMNS/ROWS:

1. **Top Row** provides narrow boxes to insert the "**Date**" for each Column. Write **Month/Day/Year** – Ex: 1/3/11
2. **Row #1 -21** provides narrow boxes to provide a score from 0-10 to the right of each symptom. Instructions and Criteria for scoring is at the bottom of the **Client Communicator** form.
3. **Symptoms Column** – Write each symptom in this column. One symptom per row.
4. **Columns** - The first narrow column is to **date and score** each symptom **before starting** your Full Body Detoxification Program. Each week you will date the next available column on the top row and provide an updated score for each symptom.
5. If any symptoms increase, instead of decreases, fax or email a copy of your weekly updated **Client Communicator** to Dr. Smith and schedule a Telephone Consultation with Dr. Smith for further instructions.
6. **Page 2** - Read instructions at top of Page 2 and report information requested if any occurs. Also, use this for a narrative description of detoxification experiences, comments or questions, etc.
7. When your Full Body Detoxification Program is "officially" finished, fax, email or U.S. mail, a copy of your **Client Communicator** to Dr. Smith, along with your **Pre- and Post-FBD Health Appraisal Comprehensive FBD Questionnaires**. All three will then be discussed at your Post-FBD Telephone Consultation with Dr. Smith.

Disclaimer: Information is provided for nutritional education purposes only and not for the diagnosis or treatment of any medical condition, disorder or disease. Present laws indicate that the author must advise you to seek medical attention for your disease, if you have one. Choosing to do so, or not, is your constitutional right and you are ultimately the only person who is responsible for any decisions, risks or actions you take regarding the care of your mind and body. This author's intention is to provide health care education from a nutritional biochemical perspective so you are equipped to make an informed decision.