Get Connected

Gain exclusive access to recipes, videos, daily inspirational emails, and Facebook groups in which you can share progress, encouragement, and much more.

SP Detox Balance™ Program:
standardprocess.com/detoxprogram

Purification Program:
standardprocess.com/purificationprogram

PATIENT TESTIMONIAL

"The biggest value to me, is that each and every time I complete a detoxification program, I learn more and more about my body and how I can continue to make improvements in my eating and my overall habits. Aging gracefully and healthfully is very important to me."

Driven by Quality

Standard Process is committed to growing and sourcing the highest quality ingredients. For ingredients that can't be grown on our certified organic farm, we go to great lengths to find sources that utilize Good Manufacturing Practices (GMP) and apply high-quality standards. Standard Process products are formulated in our facility, analyzed to validate label claims, and tested for the presence of heavy metals. As a third-generation, family-owned company, we stand behind our holistic approach to nutritional health.

ClaremontChiropractic.com
5405 Arrow Hwy Ste 104
Montclair, CA 91763
909-670-2225

Includes ingredients grown on the Standard Process certified organic farm

Products labeled as **Vegan** are devoid of animal-based tissue, animal-based gelatin, or fish oils. They are also devoid of animal-based ingredients such as dairy, eggs, honey, beeswax, and lanolin.

Products labeled as **Vegetarian** are considered lacto-ovo vegetarian, which means they are devoid of animal-based tissue, but may contain ingredients from animals such as dairy, eggs, honey, or beeswax.

Products labeled as **Gluten-Free** have been tested to verify they meet the regulations associated with the United States Food and Drug Administration's gluten-free labeling.

Products labeled as **Non-Dairy or Non-Dairy Formula** have been formulated to not contain milk or milk-derived ingredients.

Products labeled as **Non-Soy or Non-Soy Formula** have been formulated to not contain soy or soy-derived ingredients.

Standard Process

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A Fresh Start You Can Feel

Detoxification & Purification Programs

High-quality ingredients that work the way nature intended.

Standard Process
WHOLE FOOD NUTRIENT SOLUTIONS

A Healthy Reset

You're exposed to toxins every day that can impact the way your body operates.

Toxins can contribute to a wide range of conditions:

- Fatigue
- Difficulty sleeping
- Indigestion
- Low libido
- Skin issues
- Joint discomfort
- Food cravings
- Weight gain
- Reduced mental clarity

Standard Process® offers two programs that help support the body's natural toxin elimination function.* Each program features a guided lifestyle plan, whole food recipes, and whole food-based supplements designed to support metabolic detoxification.*

Ask your health care professional which program is right for you.

SP Detox Balance™ Program

VEGAN · V · GF · NON DAIRY · NON SOY

PROGRAM CONTAINS:

PEA PROTEIN · PUMPKIN SEED · BUCKWHEAT

- 10- or 28-day program
- Balanced, safe, and effective nutritional support for all three phases of detoxification*
- Tasty, all-in-one shake (depending on the day, you will drink one, two, or three nutrient-packed SP Detox Balance™ shakes)
- Includes basic meal, hydration, and optional exercise plan

Purification Program

V · GF · NON SOY

PROGRAM CONTAINS:

BUCKWHEAT · BRUSSELS SPROUTS · KALE

- 21-day program
- Purify, nourish, and maintain a healthy body and weight*
- Includes a variety of supplements taken daily, along with a nutritional shake that offers essential whole food nutrition
- Available in original, dairy-free, chocolate, or vanilla
- Meal plan provided including a variety of vegetables and fruits for the first 10 days, with select proteins added on day 11

*These statements have not been evaluated by the Food and Drug Administration These products are not intended to diagnose, treat, cure, or prevent any disease.

Name: Date:

Toxicity Questionnaire

The Toxicity Questionnaire is designed to aid the practitioner in assessing a patient's or client's potential need for a purification program.

Section I: Symptoms

Rate each of the following based upon your health profile for the past 90 days.

	Circle the corresponding number.
0	Rarely or Never Experience the Symptom
1	Occasionally Experience the Symptom, Effect is Not Severe
2	Occasionally Experience the Symptom, Effect is Severe
3	Frequently Experience the Symptom, Effect is Not Severe
4	Frequently Experience the Symptom, Effect is Severe

1. DIGESTIVE

a. Nausea and/or vomiting	0 1 2 3 4
b. Diarrhea	0 1 2 3 4
c. Constipation	0 1 2 3 4
d. Bloated feeling	0 1 2 3 4
e. Belching and/or passing gas	0 1 2 3 4
f. Heartburn	0 1 2 3 4

Total: ____

2. EARS

a. Itchy ears	0 1 2 3 4
b. Earaches or ear infections	0 1 2 3 4
c. Drainage from ear	0 1 2 3 4
d. Ringing in ears or hearing loss	0 1 2 3 4

Total: ____

3. EMOTIONS

a. Mood swings	0 1 2 3 4
b. Anxiety, fear, or nervousness	0 1 2 3 4
c. Anger, irritability	0 1 2 3 4
d. Depression	0 1 2 3 4
e. Sense of despair	0 1 2 3 4
f. Uncaring or disinterested	0 1 2 3 4

Total: ____

4. ENERGY / ACTIVITY

a. Fatigue or sluggishness	0 1 2 3 4
b. Hyperactivity	0 1 2 3 4
c. Restlessness	0 1 2 3 4
d. Insomnia	0 1 2 3 4
e. Startled awake at night	0 1 2 3 4

Total: ____

5. EYES

a. Watery or itchy eyes	0 1 2 3 4
b. Swollen, reddened, or sticky eyelids	0 1 2 3 4
c. Dark circles under eyes	0 1 2 3 4
d. Blurred or tunnel vision	0 1 2 3 4

Total: ____

6. HEAD

a. Headaches	0 1 2 3 4
b. Faintness	0 1 2 3 4
c. Dizziness	0 1 2 3 4
d. Pressure	0 1 2 3 4

Total: ____

7. LUNGS

a. Chest congestion	0 1 2 3 4
b. Asthma or bronchitis	0 1 2 3 4
c. Shortness of breath	0 1 2 3 4
d. Difficulty breathing	0 1 2 3 4

Total: ____

8. MIND

a. Poor memory	0 1 2 3 4
b. Confusion	0 1 2 3 4
c. Poor concentration	0 1 2 3 4
d. Poor coordination	0 1 2 3 4
e. Difficulty making decisions	0 1 2 3 4
f. Stuttering, stammering	0 1 2 3 4
g. Slurred speech	0 1 2 3 4
h. Learning disabilities	0 1 2 3 4

Total: ____

9. MOUTH/THROAT

a. Chronic coughing	0 1 2 3 4
b. Gagging or frequent need to clear throat	0 1 2 3 4
c. Swollen or discolored tongue, gums, lips	0 1 2 3 4
d. Canker sores	0 1 2 3 4

Total: ____

10. NOSE

a. Stuffy nose	0 1 2 3 4
b. Sinus problems	0 1 2 3 4
c. Hay fever	0 1 2 3 4
d. Sneezing attacks	0 1 2 3 4
e. Excessive mucous	0 1 2 3 4

Total: ____

11. SKIN

a. Acne	0 1 2 3 4
b. Hives, rashes, or dry skin	0 1 2 3 4
c. Hair loss	0 1 2 3 4
d. Flushing	0 1 2 3 4
e. Excessive sweating	0 1 2 3 4

Total: ____

12. HEART

a. Skipped heartbeats	0 1 2 3 4
b. Rapid heartbeats	0 1 2 3 4
c. Chest pain	0 1 2 3 4

Total: ____

13. JOINTS / MUSCLES

a. Pain or aches in joints	0 1 2 3 4
b. Rheumatoid arthritis	0 1 2 3 4
c. Osteoarthritis	0 1 2 3 4
d. Stiffness or limited movement	0 1 2 3 4
e. Pain or aches in muscles	0 1 2 3 4
f. Recurrent back aches	0 1 2 3 4
g. Feeling of weakness or tiredness	0 1 2 3 4

Total: ____

14. WEIGHT

a. Binge eating or drinking	0 1 2 3 4
b. Craving certain foods	0 1 2 3 4
c. Excessive weight	0 1 2 3 4
d. Compulsive eating	0 1 2 3 4
e. Water retention	0 1 2 3 4
f. Underweight	0 1 2 3 4

Total: ____

15. OTHER:

a. Frequent illness	0 1 2 3 4
b. Frequent or urgent urination	0 1 2 3 4
c. Leaky bladder	0 1 2 3 4
d. Genital itch, discharge	0 1 2 3 4

Total: ____

Section I Total: ____

Section II: Risk of Exposure

Rate each of the following situations based upon your environmental profile for the past 120 days.

16. Circle the corresponding number for questions 16a-16f below.

0	Never	1	Rarely	2	Monthly	3	Weekly	4	Daily

a. How often are strong chemicals used in your home?
(disinfectants, bleaches, oven and drain cleaners, furniture polish, floor wax, window cleaners, etc.) 0 1 2 3 4

b. How often are pesticides used in your home? 0 1 2 3 4

c. How often do you have your home treated for insects? 0 1 2 3 4

d. How often are you exposed to dust, overstuffed furniture, tobacco smoke, mothballs, incense, or varnish in your home or office? 0 1 2 3 4

e. How often are you exposed to nail polish, perfume, hairspray, or other cosmetics? 0 1 2 3 4

f. How often are you exposed to diesel fumes, exhaust fumes, or gasoline fumes? 0 1 2 3 4

Total: _____

17. Circle the corresponding number for questions 17a-17b below.

0	No	1	Mild Change	2	Moderate Change	3	Drastic Change

a. Have you noticed any negative change in your health since you moved into your home or apartment? 0 1 2 3

b. Have you noticed any change in your health since you started your new job? 0 1 2 3

Total: _____

18. Answer yes or no and circle the corresponding number for questions 18a-18d below.

	No	Yes
a. Do you have a water purification system in your home?	2	0
b. Do you have any indoor pets?	0	2
c. Do you have an air purification system in your home?	2	0
d. Are you a dentist, painter, farm worker, or construction worker?	0	2

Total: _____

Section II Total: _____

Grand Total (Section I & Section II) _____

Add up the numbers to arrive at a total for each section, and then add the totals for each section to arrive at the grand total. If any individual section total is 6 or more, or the grand total is 40 or more, you may benefit from a purification program.

Adapted with permission from the author of *Clinical Purification™: A Complete Treatment and Reference Manual*, Dr. Gina L. Nick.