

Intake via☐ mouth☐ inhalation☐ skin☐ blood vessels**Since when?****How much?****Until when?****How often?****1. Medication?****2. Hormones?** (oral contraceptive, etc.)**3. Chemicals?** (job, hobby, home, garden, environment)**4. Alcohol?****5. Drug abuse?****6. Cosmetics?** (after-shave, personal hygiene products)**7. Tonics?****8. Aphrodisiacs?** (potency drugs)**9. Premixed herbal teas?****10. Food preservatives? Special foodstuffs?****11. Body contact with chemicals? Synthetics?****12. Journeys abroad?**